



July, 1956

Hospital Progress

VOLUME 37 • NUMBER 7

The 41st Annual Convention in review



OFFICIAL JOURNAL
OF THE
CATHOLIC HOSPITAL ASSOCIATION

- REPORTS IN DETAIL ON
ALL MEETINGS

General
Business
Sectional
Conferences
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- C.C.S.N. ANNUAL
SESSIONS



SAVE TIME by Using This **Gilbert** Type BARDEX® FOLEY CATHETER
with Self-Sealing Plug in Inflation Funnel

ONE PERSON can easily inflate and deflate this Gilbert type BARDEX Foley Catheter. No assistant is needed to clamp or tie off the inflation funnel.

Using a syringe with a 1 inch 20 gauge needle, the plug is easily punctured. Then the balloon is inflated to the exact size desired with a measured amount of water.

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inflation or deflation. To deflate, merely puncture plug with needle on empty syringe.

More and more hospitals and physicians are saving time and money by using this **Gilbert** Type BARDEX Foley Catheter.

C. R. BARD, INC.
SUMMIT, NEW JERSEY

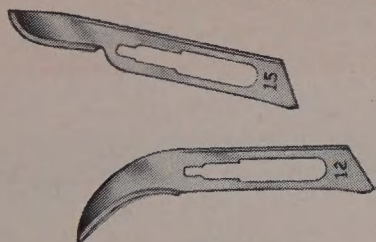


THEY HAVE TO BE

SHARP

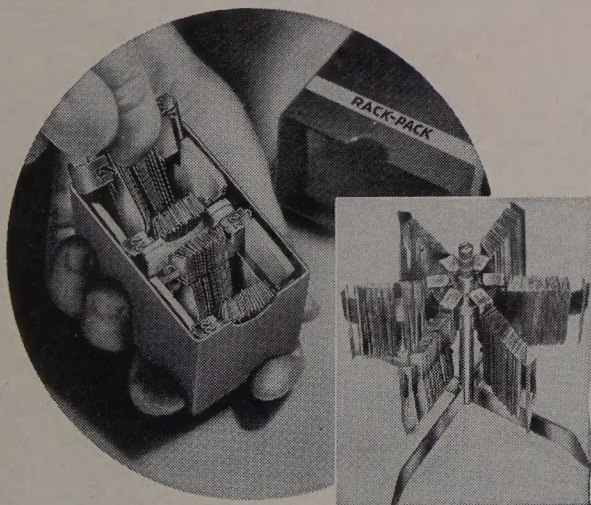
...TO GET TO SURGERY

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DETACHABLE SURGICAL BLADES

must 'survive' a rigid series of progressive scientific tests to qualify as suitable for surgical use. Those that 'pass' are surgically perfect and uniformly sharp throughout their entire cutting edge. They will remain sharp and useful for longer periods . . . an important factor in economy when yearly volume of purchases is considered.



Specify RACK-PACK® packages in ordering gross and half gross quantities . . . eliminating unwrapping—handling—racking of individual blades. A time and labor saver for the O.R. personnel.

It's Sharp

Ask your dealer

BARD-PARKER COMPANY, INC.
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Therapeutic Briefs

SELECTED PRODUCTS USEFUL IN ALLERGIC CONDITIONS

FAST, PROLONGED RELIEF
FROM ALLERGY

CO-PYRONIL

(Pyrrobutamine Compound, Lilly)

... usually eliminates distressing symptoms without causing side-effects; allows those affected with allergy to enjoy summertime. 'Co-Pyronil' produces complete relief more frequently because of the complementary actions of two antihistaminics and a sympathomimetic.

Supplied as pulvules, pediatric pulvules, and suspension. Also, Tablets 'Pyronil' (Pyrrobutamine, Lilly), 15 mg.

FOR SUNBURN, HEAT RASH,
POISON IVY, INSECT BITES

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(Cyclomethycaine and Thenylpyramine, Lilly)

... controls itching and pain, speeds healing. The lotion also shields the skin from the sun's rays and is skin tone in color. Lotion 'Surfadil' is supplied in convenient, unbreakable plastic squeeze bottles of 75 cc.; also available in pint bottles. Cream 'Surfadil' is supplied in 1-oz. tubes and 1 and 5-lb. jars.

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ASTHMATIC ATTACK

AEROLONE COMPOUND

(Cyclopentamine and Aludrine Compound, Lilly)

... achieves unusual effectiveness by taking advantage of the additive dilating action of four potent bronchodilators. Acts instantly to relieve "air hunger." Side-effects are minimal.

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PREVENTS ASTHMATIC ATTACKS

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... combines sympathomimetic action with broncho-relaxing effect and sedation. Amesec counteracts the accumulation of mucus, relaxes smooth-muscle spasm, and reduces nervous unrest incident to attacks.

Supplied as pulvules and 'Enseals' (Timed Disintegrating Tablets, Lilly), in bottles of 100 and 500.

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Official Journal
of
The Catholic Hospital Association

Volume XXXVII, No. 7
JULY, 1956

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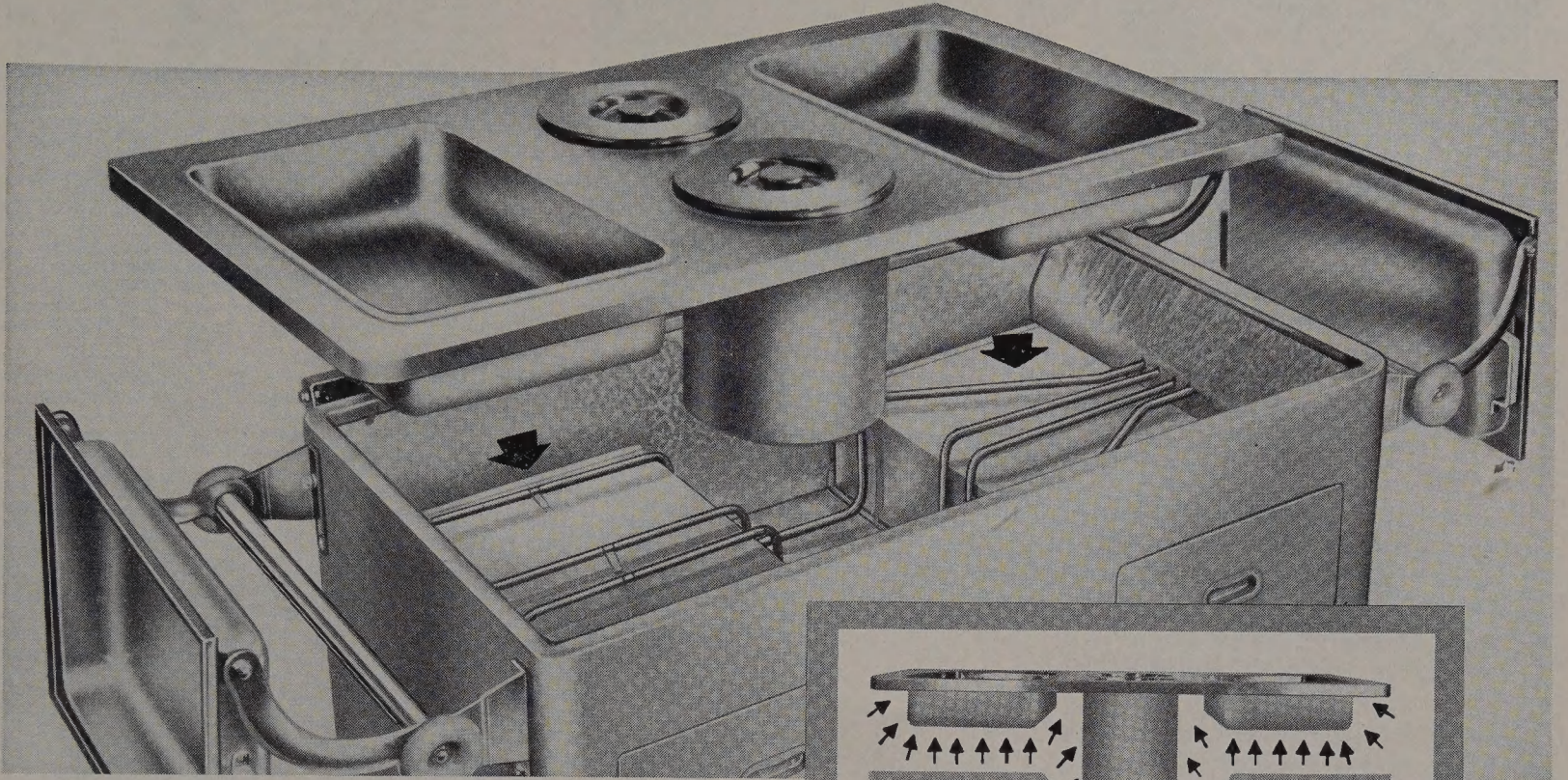
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PRE-HEAT TIME CUT IN HALF!

Now Hi-Flo system heats food conveyors faster—more uniformly



A BLICKMAN-BUILT EXCLUSIVE!

Newly-designed full-length radiant energy heaters more than double the heat transfer area in Blickman-Built food conveyors. Heat is radiated faster through side walls and bottoms of the food wells. Tests show preheating time cut in half! The result—shorter food distribution cycles, and foods served at piping hot temperatures.

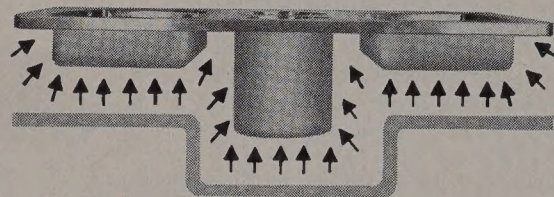
The new electric elements are easily accessible. Should their replacement ever become necessary, this can be accomplished in minutes simply by removing the top deck. Here is added Blickman-Built convenience.

Further advantages in Blickman-Built food conveyors are provided by the crevice-free construction of body and top deck. Cleaning is quick and easy, maintenance costs kept low. Consult us if you have a food distribution problem in your institution.

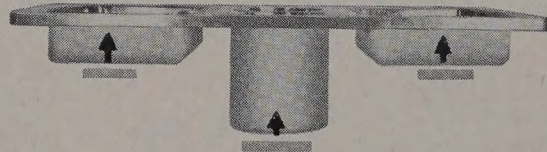


Only Blickman-Built bulk food conveyors now feature the new improved Hi-Flo heating system. Write for latest catalog T-5 showing our complete line of food conveyors.

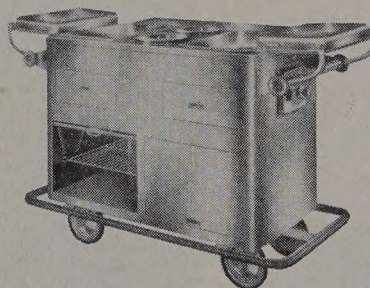
S. Blickman, Inc., 1707 Gregory Ave., Weehawken, N. J.



NEW BLICKMAN HEATERS distribute heat uniformly through *all* surfaces of wells, sidewalls as well as bottoms. Heating is quicker, food remains piping hot at controlled temperatures. Heating elements can be replaced in minutes if necessary.



OLD-STYLE ELECTRIC HEATING ELEMENTS under each well concentrate heat at only one area. Heating is slower and less uniform. Individual elements are difficult to replace, requiring several hours of dismantling and re-assembly.

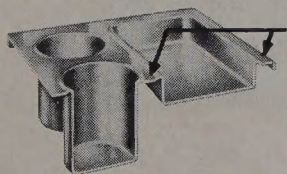


All-Purpose Model ALS-4922

Provides a wide variety of top deck arrangements for selective menus, special diets or general service. Eighteen square and rectangular insets can be arranged in many combinations to suit specific requirements.



Blickman-Built



BLICKMAN CONSTRUCTION
Round and rectangular wells are *integral part of top* — forming continuous, crevice-free surfaces.



ORDINARY CONSTRUCTION
Wells are *separate units* attached to top — permitting crevices to form where edges meet the top deck.

BLICKMAN SEAMLESS TOP DECK ELIMINATES CREVICES, SPEEDS CLEANING



AT THE NURSES CONVENTION

Crowds of nurses stopped at our booth on Monday, May 12th.

Superintendent Mary Lowden, of Deaconess Hospital, said "We've been using Diacks in our O. R. for the past 30 years." Her advice to Nurses Blackwell and Roster from St. John's was, "Try the autoclave indicators of other mfg.—then you'll see why I use 'only Diacks'."

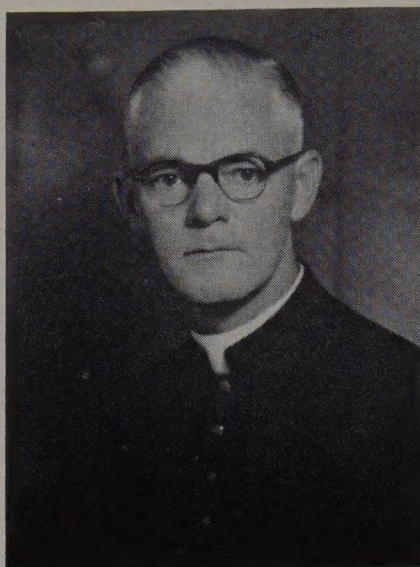
Purchasing Agent Jack Strubel, from a local hospital, noted, "I was price conscious when I first took over this new hospital. I ordered some of the less popular controls. Our Superintendent of Nurses shortly set me straight. Now I have to order strictly Diacks. There is little more cost, anyway, and Diacks keep the girls in O. R. happy!"

Actual names not used.

Diack Controls

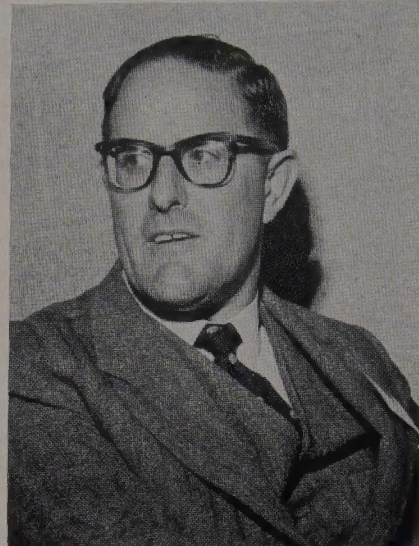
Smith & Underwood, Chemists
ROYAL OAK, MICH.

Sole Manufacturers of Diack Controls
and Inform Controls



Rt. Rev. Msgr. Francis
M. J. Thornton

Named President-Elect of the Association, Msgr. Thornton is Director of Hospitals for the Diocese of Trenton, N.J.



E. W. R. Grace

Stopped off during extensive tour of U.S. and Canadian hospitals. Mr. Grace is superintendent of St. Vincent's Hospital, Melbourne, Australia

PROMINENT PERSONALITIES PARTICIPATING IN THE 41st ANNUAL CONVENTION IN MILWAUKEE



Rev. C. G. Schindler

Elected 2nd Vice-President of the Association, he is Director of Hospitals for the Diocese of Belleville, Illinois



Rev. Charles F. X. Dolan, S.J.

As featured speaker at the Annual Dinner for Religious, Fr. Dolan gained acclaim

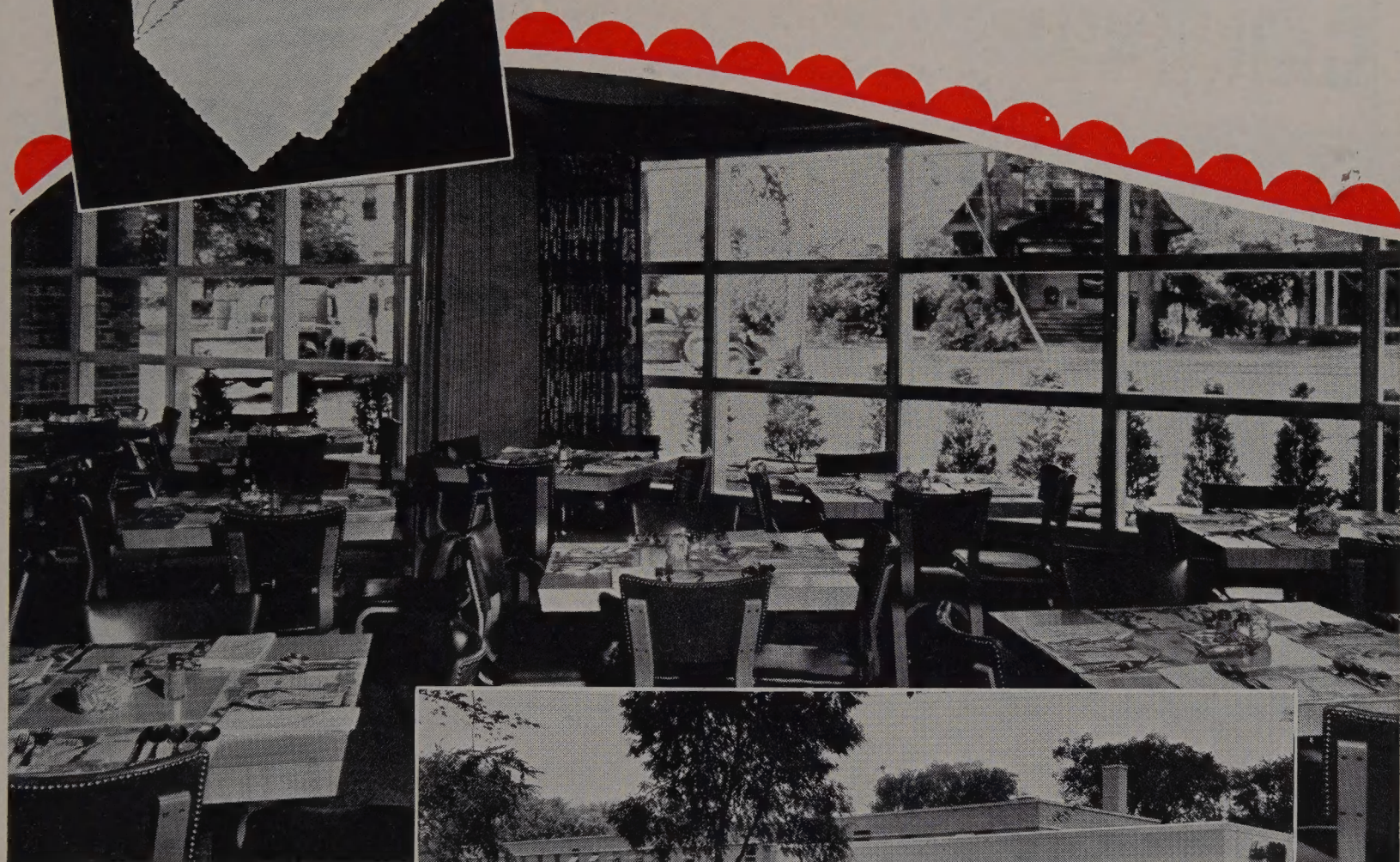


Denver M. Vickers, M.D.

Assistant Director of the J.C.A.H., Dr. Vickers discussed "Revised Standards"

Sexton

Quality Foods



*The Motorized Hotel Mead
Wisconsin Rapids, Wisconsin*



Sanitation—in high style

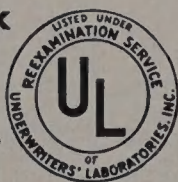
Paper is "part of the picture" in more and more of the country's better eating places. With increased use, the demand grows for variety, top quality and prompt service—and the huge Sexton stocks meet every need, from supreme elegance to practical utility. Typical of the hundreds of items are Sexton tray covers—rugged to endure extreme usage yet styled to smarten up "rush" service. Their small cost will be more than repaid in the pleasure of your guests. Ask your Sexton salesman about personalized place mats, doilies and cocktail napkins.

JOHN SEXTON & CO., CHICAGO, 1956

CONDUCTIVE FLOORS,
IMPROPERLY
MAINTAINED

Can Cause
Disaster!

insist upon a
conductive wax
bearing
this seal . . .



Static electricity strikes without warning. The installation of conductive floors in the operating suite answers part of your safety problem . . . but only part of it. The floors must be maintained properly with safe cleaners and waxes to retain their conductivity and safety factor! Since all conventional waxes and finishes are insulators which immediately decrease conductivity and enhance the possibility of an explosion, only an accepted conductive wax should ever be applied to conductive floors!

There are only two waxes that bear the Underwriters' Label on the basis of safe electrical conductivity . . . Huntington's VC-2C and H-22 Conductive Waxes!

They are water-based waxes which produce a durable, water-resistant surface that may be polished to a luster.

Tell us the type of conductive floors you have and we'll see that you receive samples of the correct wax and cleaner for your use. We'll be glad to set up proper maintenance procedures for your conductive floors. There is no obligation.

**HUNTINGTON
CONDUCTIVE WAXES**
with SPAL Concentrate Detergent

Huntington Laboratories
Huntington, Indiana

Philadelphia 35, Pa. • Toronto 2, Ontario

EDITOR TALK

News of Healy Award Rules Delayed

Readers of the box item on page 72 of the June issue were promised therein that "complete details" regarding the Monsignor Healy Award Contest would appear in the July issue.

We are sorry indeed to disappoint them, but as even a casual reader of this number will note, the volume of Convention material was so great that it crowded out practically everything else. Moreover, if the truth be told, all the arrangements covering type of entries, judging, etc. have not been worked out to everyone's satisfaction.

The problems of setting up criteria, deciding on the clearest terminology for rules and regulations, and similar matters proved more complex than anticipated.

Careless Care . . .

A tragic incident, most hurtful to hospitals generally, recently gained nation-wide publicity through the columns of a recent issue of *Time* magazine.

It involved the administration of a "medication" to a woman admitted to a hospital for a diagnostic x-ray. The "dose" caused her death in about two minutes, because it consisted of sodium nitrate, rather than sodium phosphate.

It is reported also that a man in the next room succumbed as a result of the same "medication."

Moralizing *post facto* on such occurrences is superfluous, but the facts should shock us into carefulness *ante facto*—and not in pharmacy alone, but among all personnel.

Glennon Re-visited

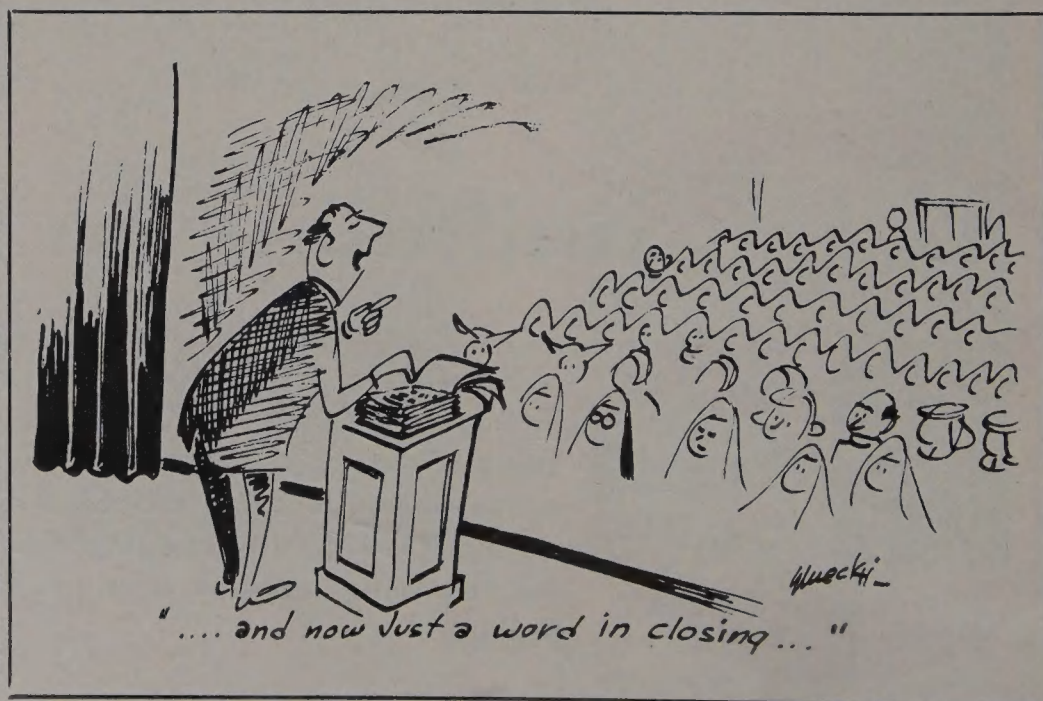
Last month we featured the Cardinal Glennon Memorial Hospital, as you no doubt surmised from the cover, and the first story inside. A few footnotes to that account may be added here, with your permission.

The Editors of *HOSPITAL PROGRESS* were among the favored few who attended the reception accorded V.I.P.'s on May 13. It was a splendid function, resplendent with scarlet and gold.

One layman standing near us murmured to his companion, "There're more prelates than *people* here." It was news to us that prelates aren't people, but we didn't mention that this was a latter-day revelation.

The dominant feature of the lobby is the figure of Cardinal Glennon in white marble which stands in a shallow alcove. The curved wall behind this commanding figure is mosaic, with golden *fleur-de-lis* worked into scarlet diamond-shaped divisions. On either side of the statue are emblazoned the coats-of-arms of Cardinal Glennon and of Archbishop Ritter.

It was a moving experience to hear Cardinal D'Alton declare, "I look on this day as one of the most important in my life."

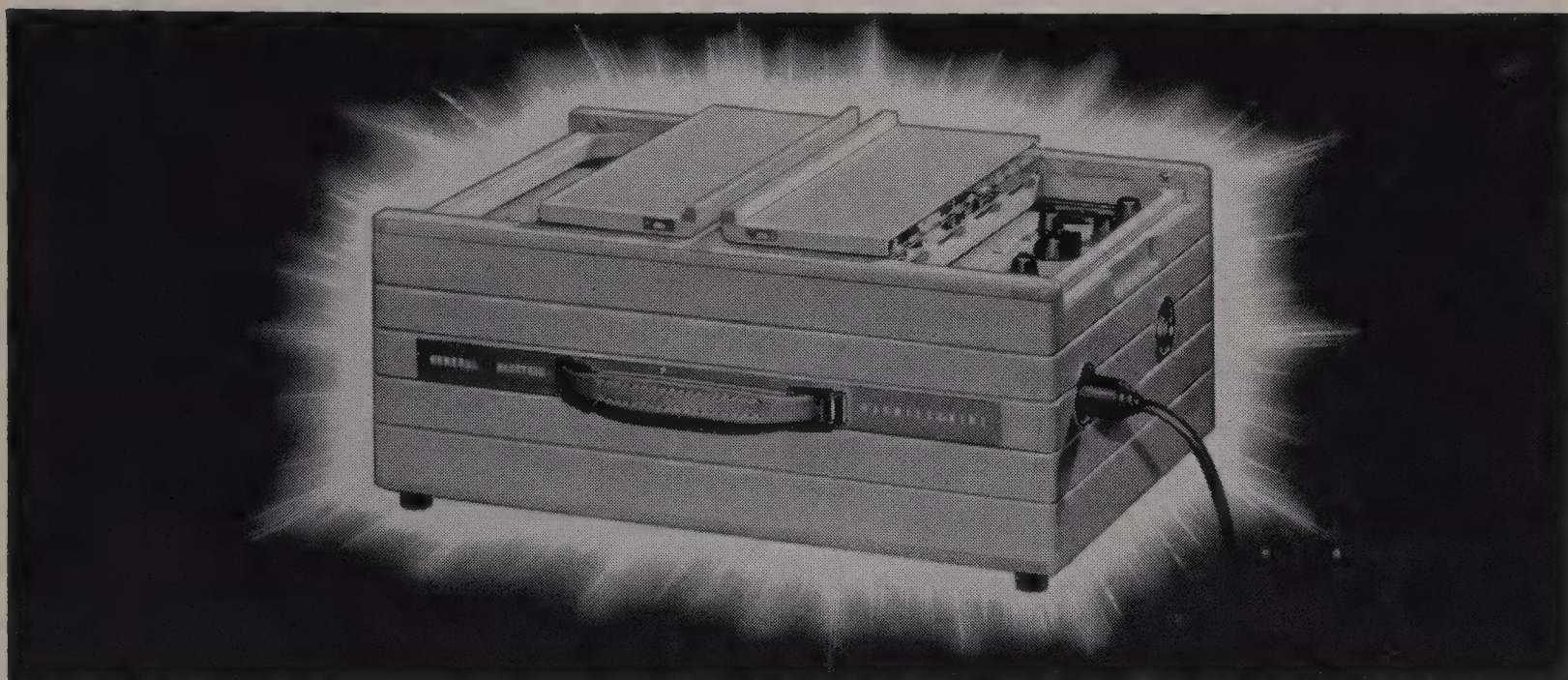


The line voltage



may vary...

But your G-E Cardioscribe[®]
won't notice the difference



You get consistently dependable tracings

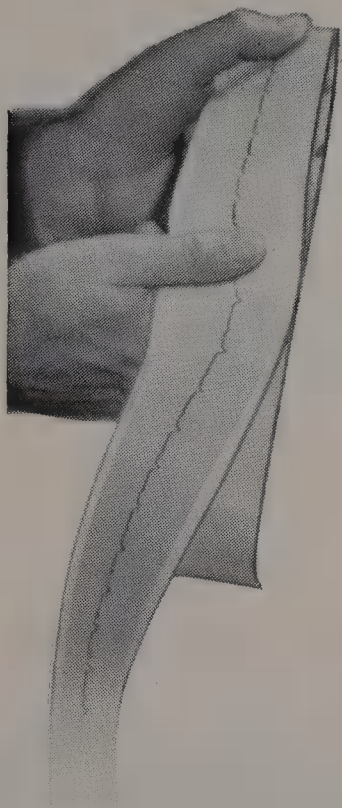
Because it is "twin-stabilized," the G-E Cardioscribe direct-writing electrocardiograph shrugs off the effect of wide variations in line voltage. Two completely separate stabilizing units assure uniform base lines, linearity of tracings and absence of artifacts... make for easier diagnosing from Cardioscribe tracings.

You will appreciate its many other outstanding features. You can take all standard extremity and chest leads without changing electrodes... paper drive swings out for simple,

rapid loading. And the Cardioscribe cabinet not only offers easy-to-operate recessed controls, but is also designed for safe, convenient carrying.

To keep your Cardioscribe in top working condition, General Electric owns and operates 70 electromedical service outlets throughout the U.S. and Canada.

Ask your G-E representative for all the facts. Or write X-Ray Department, General Electric Company, Milwaukee 1, Wis., for Pub. J-75.



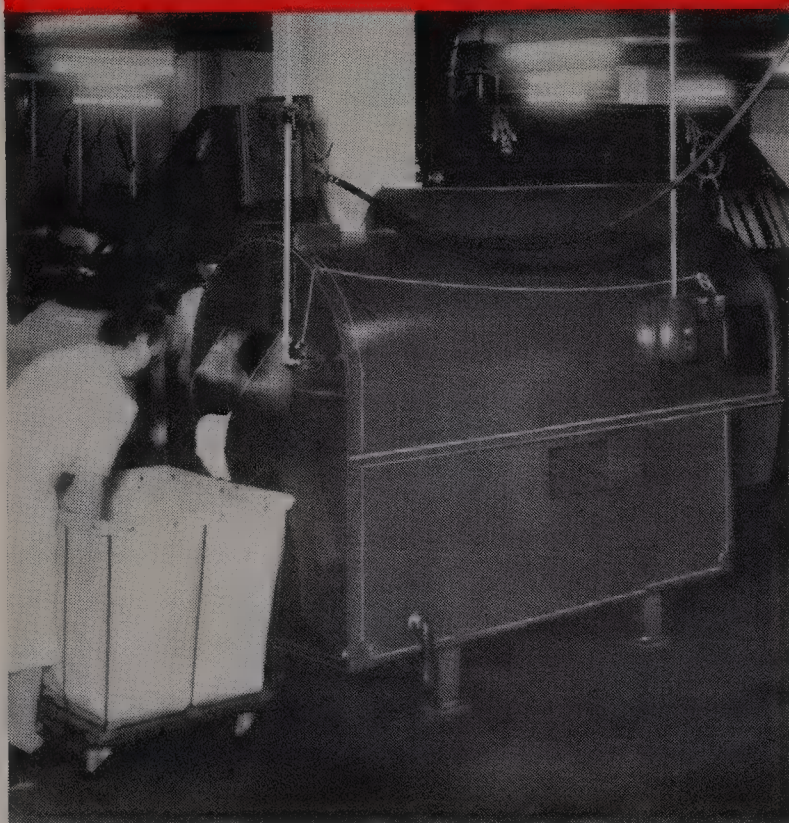
Progress Is Our Most Important Product

GENERAL  ELECTRIC

Mechanized flatwork production now a reality for one-ironer plants!

Up to 760 lbs. per hour on both large and small flatwork.

The simple addition of these few pieces of American equipment converts your single 8-roll ironer into a high-production flatwork finishing system. Arrangement can be adapted to suit your individual floor space requirements.

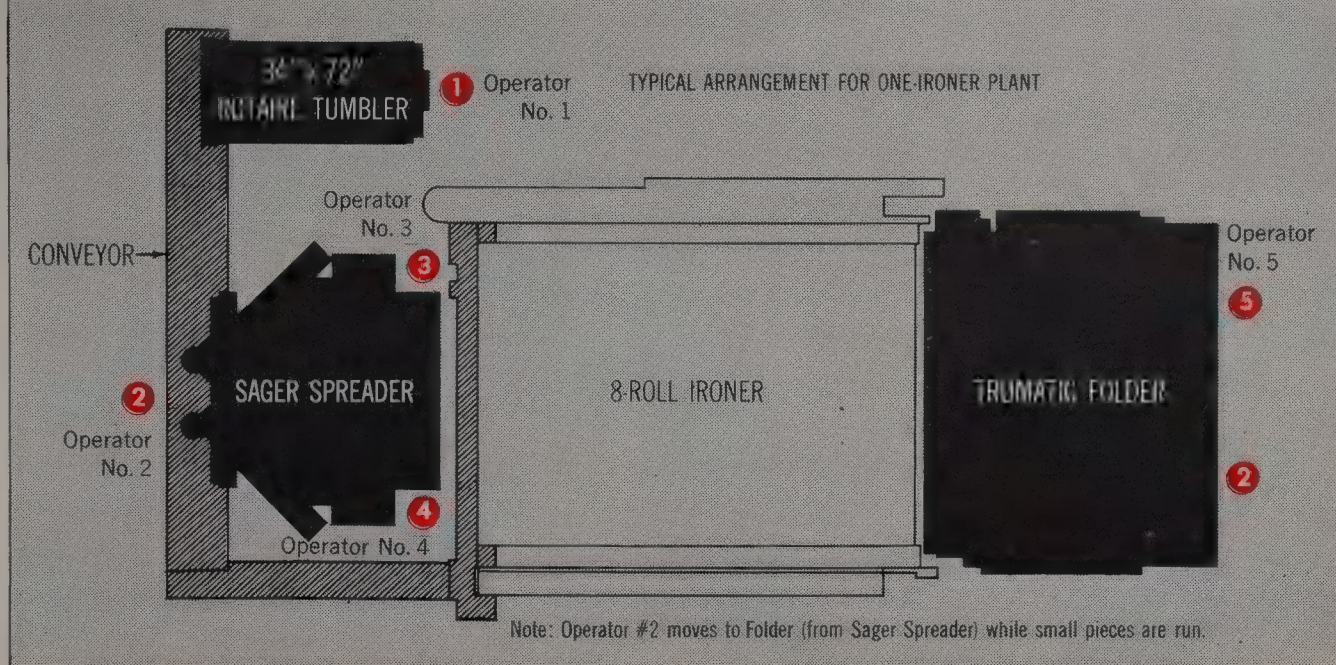


34" x 72" Rotaire Tumbler, with 800 lb. per hour dry weight capacity, is job rated to keep 8-roll ironer working at top production. Automatically delivers a continuous flow of warm, properly conditioned flatwork—both large and small pieces. Eliminates slow, costly manual shake-out.



Sager Spreader handles over 700 sheets, spreads or similar large pieces per hour. Enables one girl to deliver more sheets per hour to ironer feeders than three or four hand shakers. Opens up and smooths pieces for fast, easy feeding. Each piece can be quickly inspected as it travels in full view through Spreader.

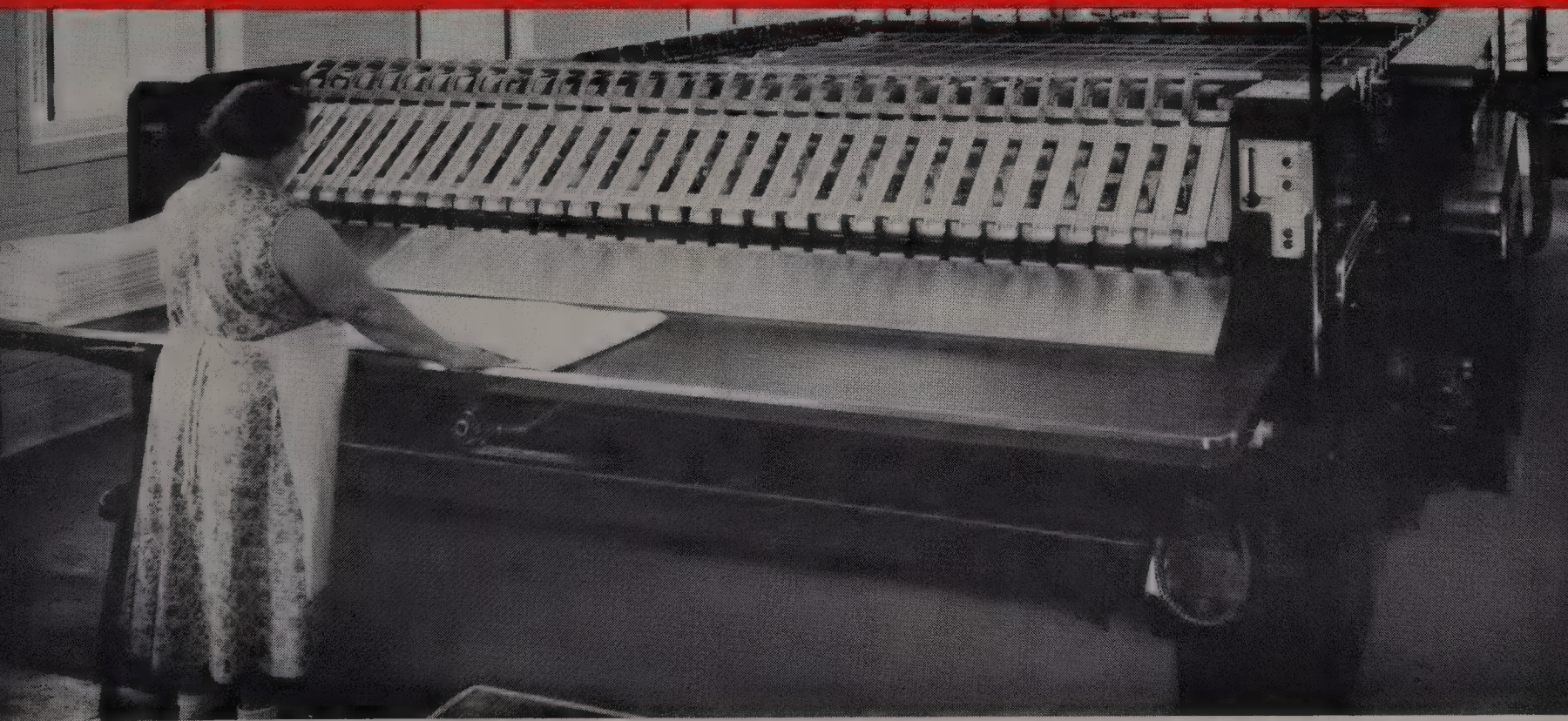
The American Laundry Machinery Company • Cincinnati 12, Ohio



Five operators are all you need. Here's how a typical one-ironer set-up works. Operator #1 takes extracted work, separates large and small pieces. Feeds large pieces into 34" x 72" Rotaire Tumbler which conditions work. Small pieces are then conditioned in same way. Tumbler automatically delivers work to conveyor. Operator #2 removes large pieces from conveyor, feeds them into Sager Spreader. Small pieces are allowed to travel on to another conveyor which delivers

them directly to feeders at ironer. Operators #3 and #4 feed all work into ironer. Operator #5 receives, cross-folds and stacks all finished pieces from Trumatic Folder. On small pieces, Operator #2 shifts her position to assist Operator #5.

Your American Representative is fully qualified to assist you in planning a mechanized flatwork production set-up for either the single-ironer plant or for larger installations. Call, or write today for complete information.



Trumatic Folder automatically quarter-folds sheets, bed spreads, table cloths and smaller flatwork directly from the ironer, at highest ironing speeds. No slowing down for hand folders to keep up. Automatic measuring device assures every folded piece will have neat, even edges. Automatically transfers

back and forth from single to two-lane operation. Normally requires only one operator for cross-folding and stacking large flatwork, two operators for small pieces. Independently driven, the Trumatic Folder can be furnished for 110" or 120" chest-type or cylinder-type flatwork ironers.

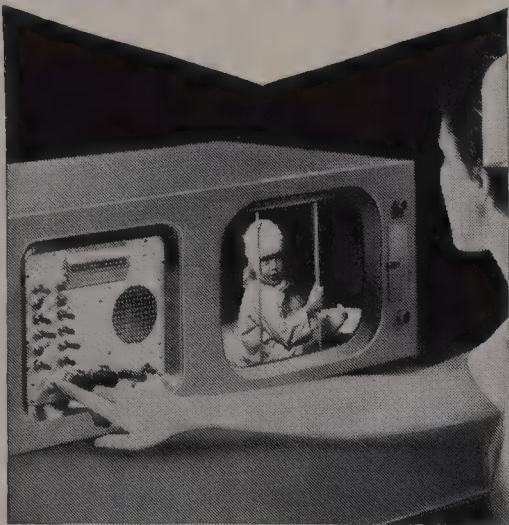
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CALENDAR OF EVENTS TO COME

. JULY

- C.H.A. Special Conference on Personnel Administration, Denver, Colo. **9-14**
- 4th Conference on Business Problems of Catholic Institutes, Xavier University, Cincinnati, Ohio **21-23**

. AUGUST

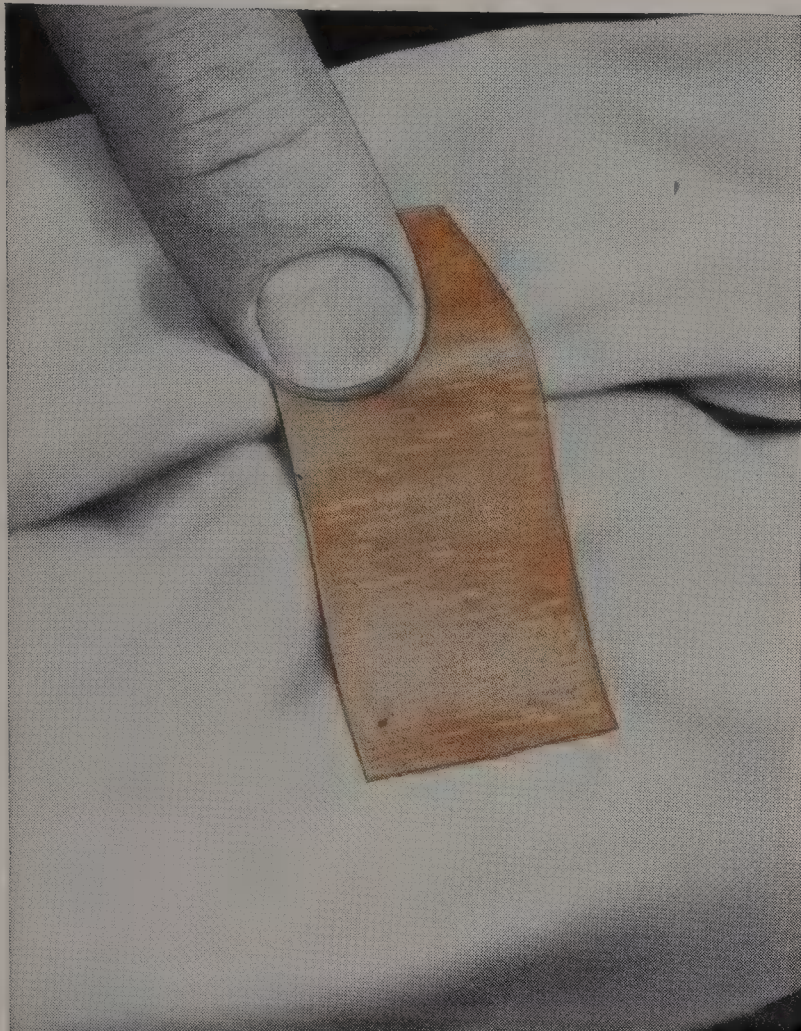
- Canadian Society of Hospital Pharmacists, Ottawa, Ontario **12**
- Brunswick
- Maritime Conference of Catholic Hospitals, Moncton, New Brunswick **28-29**
- Canadian Society of Radiological Technicians, 14th annual convention, Empress Hotel, Victoria, British Columbia **29-1**

. SEPTEMBER

- American Association of Blood Banks, 9th annual meeting, Somerset Hotel, Boston, Mass. **3-5**
- 7th International Congress of Catholic Physicians, The Hague (Scheveningen), The Netherlands **9-15**
- Catholic Hospital Conference of Alberta, annual convention, Sacred Heart Parish Hall, Edmonton, Alberta **12-13**
- American College of Hospital Administrators, annual meeting, Palmer House, Chicago, Ill. **15-17**
- American Association of Hospital Consultants, Palmer House, Chicago, Ill. **17-20**
- American Hospital Association, Chicago, Ill. **17-20**
- Northern California and Nevada Conference of Catholic Hospitals, O'Connor Hospital, San Jose, Calif. **18**

. OCTOBER

- Workshop on Personnel Practices (Joint Meeting of Texas Conference of Catholic Hospitals and Texas Hospital Association), Fort Worth, Tex. **1-3**
- 2nd International Congress on Medical Records (sponsored by the American Association of Medical Record Librarians), Shoreham Hotel, Washington, D.C. **1-5**
- Institute on Nursing Education (sponsored by the Conference of Catholic Schools of Nursing), Rochester, Minn. **4-6**
- Catholic Hospital Association of South Dakota, Rapid City, S.D. **7-8**
- American College of Surgeons, Clinical Congress, San Francisco, Calif. **8-12**
- American Dietetic Association, Schroeder Hotel, Milwaukee, Wis. **9-12**
- Washington State Hospital Association, Yakima, Wash. **10-11**
- Conference on Nursing Education (sponsored by the Conference of Catholic Schools of Nursing), Seton Hall University, Newark, N.J. **15-17**



BEFORE AUTOCLAVING. Here is what "SCOTCH" Brand Hospital Autoclave Tape looks like on bundles ready to be put in the autoclave.



AFTER AUTOCLAVING. These unmistakable markings tell you the pack has been through the autoclave. There is no possibility of error. The special inks used in this tape must be intentionally activated, and

Only high steam temperatures can do it!

No danger that sunlight or radiator heat will bring out the distinctive stripes on this fool-proof tape. When you see them on an autoclave pack (and they can be seen clear across

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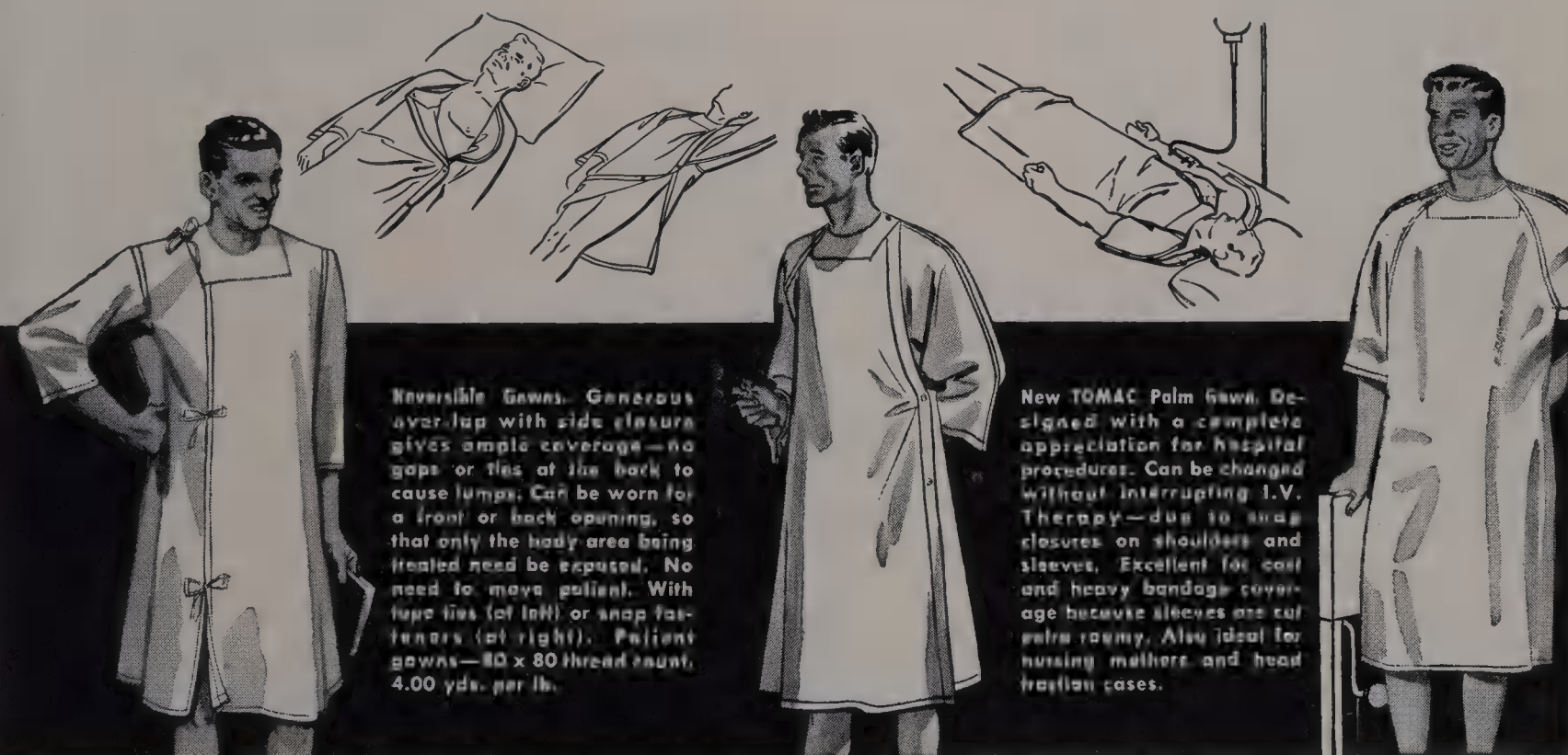
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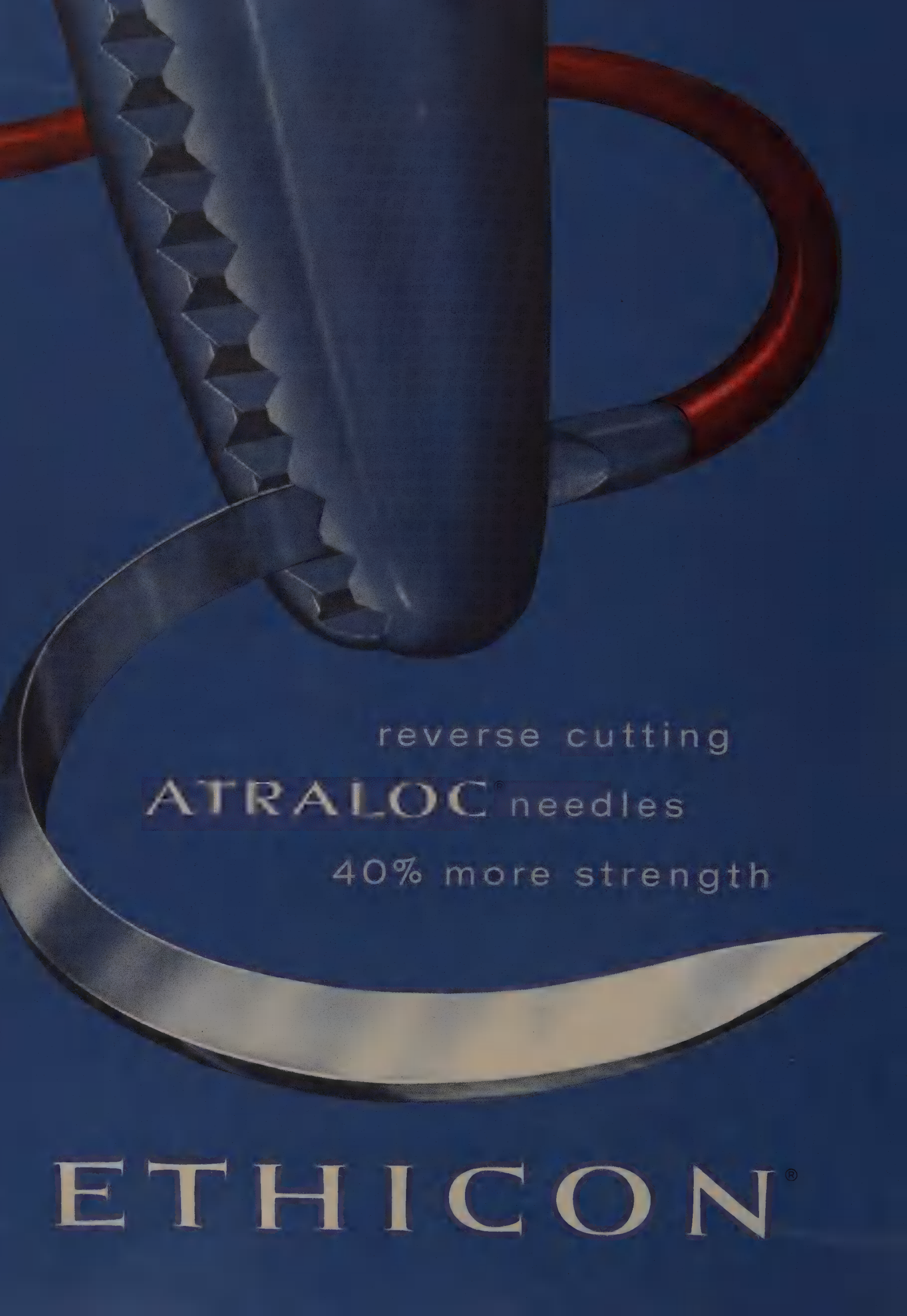
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HONEYWELL Bedside Temperature Control frees your nurses from "chambermaid chores" such as opening and closing windows, carrying blankets from the storeroom, refilling hot-water bottles. It gives your patients fingertip adjustment of their personal comfort.

In addition, Bedside Temperature Control provides a saving in fuel costs by eliminating heating waste. It allows physicians and surgeons to "prescribe"

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The beautiful new Honeywell Round Thermostat, the mark of a modern hospital, is located for easy access by the patient. In 2-bed rooms, it is mounted between the beds where temperature can be adjusted easily by either patient.

Specify Honeywell Bedside Temper-

ature Control for your new hospital or addition. Also available for your existing bedrooms at costs as low as \$87.50 per room.* No tearing out of walls or redecorating is necessary. For more information, call your local Honeywell office. Or write Honeywell, Dept. HP-7-69, 351 E. Ohio St., Chicago 11, Ill.

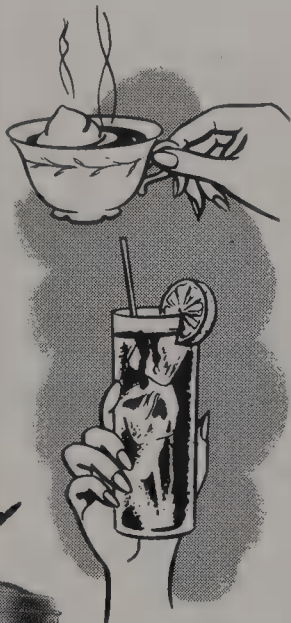
*Average installed price for room with one radiator

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Hospital Room Temperature Controls



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A simple switching of faucets converts your summer iced tea profits into winter hot chocolate profits.

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makes both hot
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AMAZING MONEY-SAVER . . . CUTS INGREDIENTS USED BY 1/3rd! Amcoin's "Duet", with its pyrex all-glass lined interior, automatically prepares 4 gallons of delicious hot chocolate at one time! No more cup after cup bother all winter long. And in summer, a simple change of faucets converts the "Duet" to an easy-to-use iced tea maker that delivers up to 30 gallons of cooled and ready-to-serve tea every hour! There's so many more exciting money-saving features to tell you about, we've prepared a special "Duet" brochure. Just use the handy coupon now for your copy!



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THIS MONTH WITH C.H.A.

Ecclesiastical Honors

Rt. Rev. Msgr. Augustine C. Dalton, Bishop's Representative for Hospitals for the Archdiocese of Boston, Vice-Chairman of the Conference of Bishop's Representatives, Pastor of St. Kevin's Church, Dorchester, was recently honored by the Holy Father, who nominated him Prothonotary Apostolic.

Very Rev. Msgr. James R. McGreal, Director of Catholic Hospitals and Catholic Charities of the Diocese of Manchester, New Hampshire, has been elevated to the rank of Papal Chamberlain.

Rt. Rev. Msgr. Arthur E. Rhatigan, Director of Catholic Hospitals and Catholic Charities for the Diocese of Rochester, New York, was recently made a Domestic Prelate.

Annual Meeting Western Conference

The program of the 28th Annual Meeting of the Western Conference of Catholic Hospitals held at the Olympic Hotel, Seattle, Wash., April 22, was highlighted by the presence of the President of the Association, Msgr. Robert A. Maher of Toledo, Ohio. Father Flanagan, Executive Director of the Association, also participated in the program. A special Workshop on Supervisory Methods was held April 20-21 at Providence Hospital, Seattle, immediately preceding the an-

nual meeting of the Western Conference. This year's meeting was one of the largest in the history of the Western Conference.

The 28th Annual Meeting of the Western Hospitals selected Sister Olivia Marie of Holy Cross Hospital, Salt Lake City, Utah, as President of the Conference; *Vice-President*—Sister M. Assunta, St. Vincent's Hospital, Santa Fe, N.M.; and *Secretary-Treasurer*—Sister John Marie, St. James Hospital, Butte, Montana.

Participating in this year's program were the Presidents of various groups constituting the Western Conference of Catholic Hospitals. These included: *President of Montana Conference*—Sister Joan of Arc, Hotel Dieu Hospital, Polson; *President of Southern California-Arizona Conference*—Sister Austin, St. Vincent's Hospital, Los Angeles; *President of New Mexico Conference*—Sister Catherine Lorraine, St. Anthony's Hospital, Las Vegas; *President of Washington Conference*—Sister Barbara Ann, St. Joseph Hospital, Tacoma; *President of Northern California-Nevada Conference*—Sister M. Rose, Mary's Help Hospital, San Francisco; *President of Idaho Conference*—Sister M. Martina, St. Benedict's Hospital, Jerome; and *President of Oregon Conference*—Sister Madeline, St. Charles Memorial Hospital, Bend.

(Continued on page 22)



PROMINENT among those at the 28th Annual Meeting of the Western Conference of Catholic Hospitals were (l. to r.) Sister Joan of Arc; Sister M. Monica; Sister Austin; Archbishop Connolly; Sister Catherine Lorraine; Sister Barbara Ann and Sister M. Rose.

*When you choose
an infant incubator,
consider*

4 facts of life

In incubator care of the small premature infant . . .
. . . the ill premature infant . . . the infant requiring isolation

The ISOLETTE, only "completely air-conditioned" infant incubator described and illustrated in the new 2nd edition of "*Premature Infants*," may serve also as "an isolation unit in addition to maintaining optimal environmental conditions, and is particularly useful in caring for the smallest infants."*

Many infant incubators now look like the ISOLETTE, but sell for less. Therefore, we recently engaged a well-known, independent laboratory to compare control of temperature, humidity, and oxygen in every infant incubator on the market. We'll be glad to mail you the 22-page report of this objective comparison study. Or you can make your own tests of ISOLETTE performance with any other incubators. If you're not satisfied in 30 days, return the ISOLETTE to us, express collect, and discard your invoice.

For value, choose the ISOLETTE. It is designed to perform, built to last. We have never had to replace a worn-out ISOLETTE. Phone us collect (OSborne 5-5200, Hatboro, Pa.) and order an ISOLETTE with our 30-day return privilege. Test it. Pay only if satisfied. But don't let appearance or initial cost mislead you: let *performance* guide your choice.

The
ISOLETTE

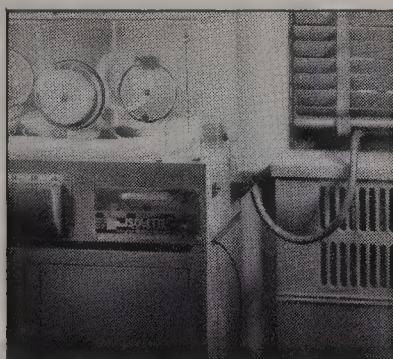
Constant-fresh-air-flow infant incubator

first in its field . . . widely copied . . . never equalled

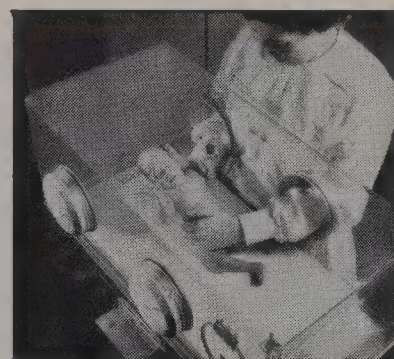
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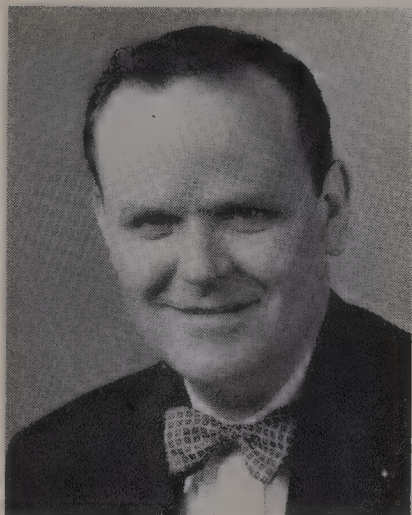


4. Accurate Humidity Regulation: An additional, exclusive distinction of the ISOLETTE, maintains even, optimal humidity levels (85% to 100%) by means of a simple, calibrated valve, and quite independent of temperature.

*Dunham, E.C.: *Premature Infants*, 2nd Ed., Hoeber-Harper, New York, 1955

(Continued from page 20)

Three Additions Are Made to Central Office Staff



Hugh R. Bryden,
Assistant Editor

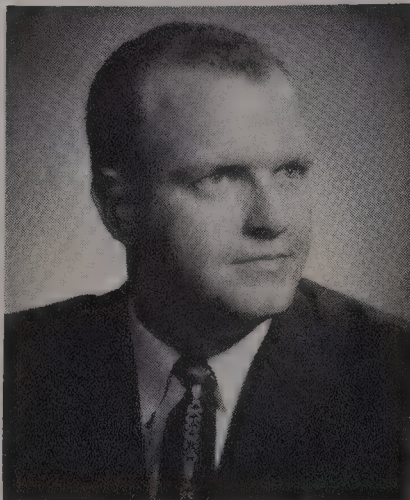
A graduate of the University of Detroit School of Journalism, Mr. Bryden joined the staff of the Association on May 1st. He has also pursued graduate studies in journalism at the Marquette University School of Journalism in Milwaukee.

His most recent assignment prior to coming to HOSPITAL PROGRESS was with the United Press in Milwaukee where he served as a reporter, on numerous special assignments, and as acting bureau manager. He also served on the staff of the Marquette University Press in the Production Department, and as a graduate assistant to Dean J. L. O'Sullivan.

As Assistant Editor to HOSPITAL PROGRESS, Mr. Bryden will help Mr. Doyle, Associate Editor, in the preparation and development of a broader pro-

gram both for the regular issues of HOSPITAL PROGRESS as well as for the Annual Directory of Catholic Hospitals, Schools of Nursing and related health activity.

The Central office staff is happy to welcome to 1438 South Grand Blvd., Dick, his wife, Joan, and daughter, Gretchen.



Robert L. McGlynn
Instructor, St. Louis U., and
C.H.A. Staff Member

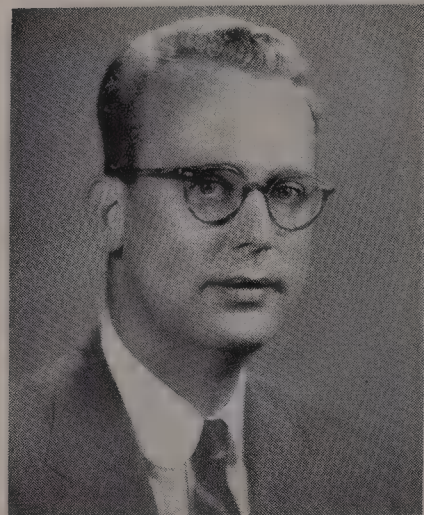
Mr. McGlynn completed his undergraduate studies at Notre Dame University, South Bend, Indiana, where he was awarded a Bachelor of Arts degree. His graduate course in Hospital Administration was taken at the University of Minnesota where he received the M.H.A. degree in 1955.

Mr. McGlynn served his residency at Memorial Hospital, South Bend, Indiana.

Coming to St. Louis on July 1st, Mr. McGlynn serves as instructor and assistant to Mr. Charles E. Berry, Asso-

ciate Director of the course in Hospital Administration. He also serves as a staff member of the Association, assisting Mr. Berry in this area of activity.

We at 1438 South Grand welcome Mr. and Mrs. McGlynn and their daughter to the C.H.A. staff family.

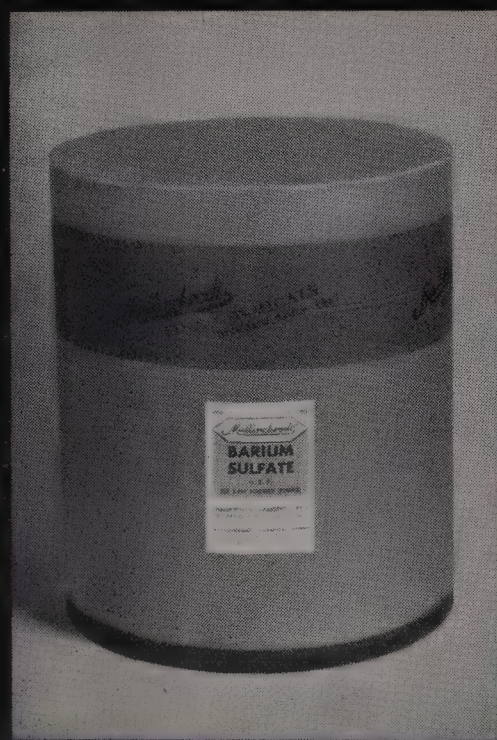


Edward A. Behrman,
Research Assistant

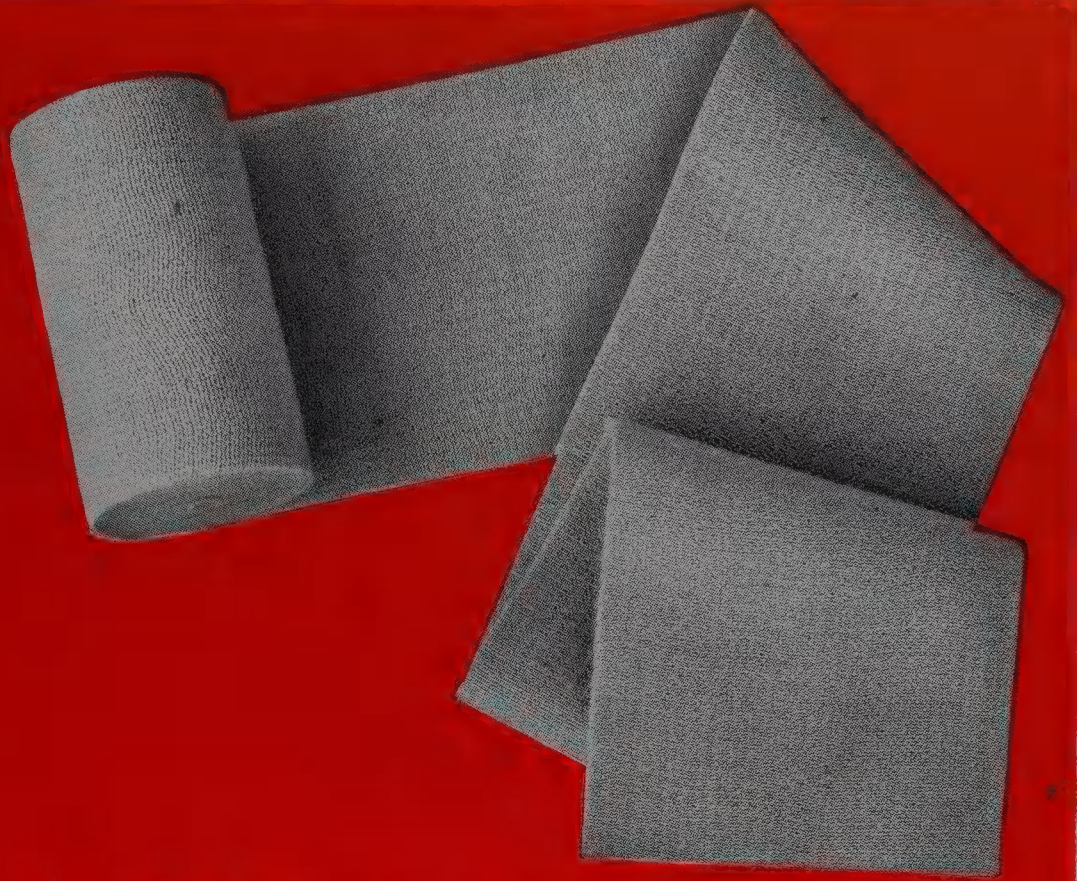
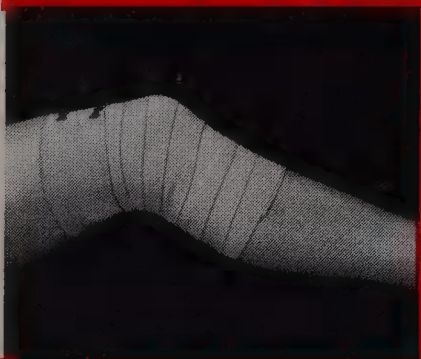
Mr. Behrman completed both his undergraduate work and his graduate program in Hospital Administration at St. Louis University—the latter in 1954 for which he was awarded his M.H.A. (Master in Hospital Administration) degree. He served his residency in hospital administration at St. Joseph's Hospital, Flint, Michigan. For an additional year, Mr. Behrman continued at St. Joseph's Hospital as Administrative Assistant.

On May 11th, he joined the staff here at the Central Office to serve as assistant to Mr. William H. Markey,

(Continued on page 26)



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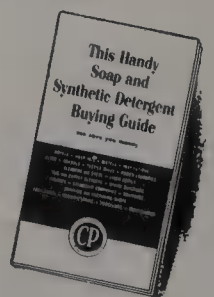
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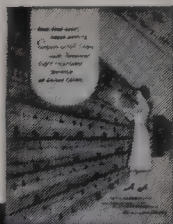
Patient Case Histories as maintained in hospitals are a major filing "headache." The relief recommended by Remington Rand is to investigate the money-saving advantages of Divider-Type Shelving, where more Case Histories can be filed and found in less space.

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Please send me Case History 1077 (Lahey Clinic)

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Hospital.....

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(Continued from page 22)

Director of Financial Management Services, in the development of the research now in process dealing with "A Safety Checklist of Hospital Equipment and Supplies" and "Administrative Use of Accounting Data."

The staff at the Central Office welcomes Mr. Behrman to the C.H.A. family.

Msgr. Jacobi Passes Away

On Wednesday, June 16, Msgr. H. Joseph Jacobi, Bishop's Representative for Hospitals for the Archdiocese of

New Orleans and a former Vice-President of the Association, passed to his eternal reward. Msgr. Jacobi was well known for his activity in the Conference of Bishops' Representatives. It was Msgr. Jacobi who organized the Louisiana Conference of Catholic Hospitals, and he who served as the host to the annual meeting of the Conference of Bishops' Representatives held in New Orleans in January of 1953. The officers, members and staff of the Association extend to Msgr. Jacobi's family their sincerest sympathy and their prayers for the repose of his soul.

Western Chaplains Meet

In connection with the annual meeting of the Association of Western Hospitals, the Catholic Chaplains' Conference met under the presidency of Rev. L. M. Willenborg on April 25-26 at Providence Hospital, Seattle. Topics discussed at this meeting included the TB patient as a long-term patient; nursing problems in relation to the chaplain were also discussed under three aspects of this activity.

The afternoon session of the first day was devoted to a review of the chaplain's obligations to the Catholic patient and to the non-Catholic patient. The sacrament of Confirmation was discussed in relation to the new legislation on that topic.

The second day's meeting was presided over by Msgr. T. J. O'Dwyer of Los Angeles and was in effect a joint meeting of chaplains and Sisters. The first topic dealt with the Hospital Code; the second, the chaplain's relation to the Sister-staff; and the third, the chaplain's relation to the medical and nursing staff of the hospital.

Eugene W. Butler Passes To Eternal Reward

Elsewhere in this issue will be found an appropriate expression of respect and regard for the late Eugene J. Butler, who passed away Friday morning, May 18, at Georgetown University Hospital, Washington, D.C. For more than 25 years a member of the staff of the Legal Department of the National Catholic Welfare Conference, Mr. Butler has served The Catholic Hospital Association and the Catholic hospitals of this country in a notable way. The obligation of the Association and its members to Mr. Butler can hardly be repaid. All join in extending sincerest sympathy to Mr. Butler's family and pledge prayers for the repose of his soul.

Archdiocesan Conference In New Orleans

On May 2 a formal meeting took place at which the recently formed New Orleans Archdiocesan Conference of Catholic Hospitals was organized at Terrebonne General Hospital, Houma.

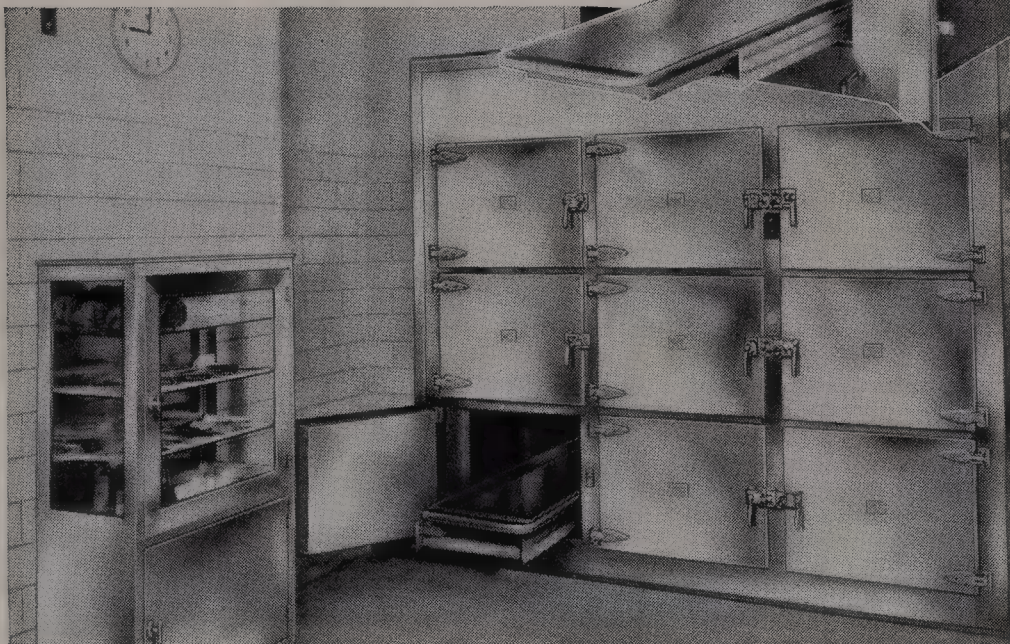
Officers elected are the following: *President*—Sister Mary Kieran, Mercy Hospital, New Orleans; *Vice-President*—Sister Marie Blanche, Terrebonne Parish General Hospital, Houma; *Secretary-Treasurer*—Sister Henrietta, De Paul Hospital, New Orleans; *Board Members*—Sister Henrietta; Mother

(Continued on page 30)

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FROM 1 TO 108 BODY CAPACITY



Hospital installation of three-tier Jewett mortuary refrigerator and Jewett instrument cabinet.

Jewett built the first mortuary refrigerator over 40 years ago . . . today Jewett is the accepted leader in its field, offering custom-built and standard mortuaries designed to meet your specified requirements. Available in recessed, free standing, side opening or pass through models, also wheel-in types for carts.

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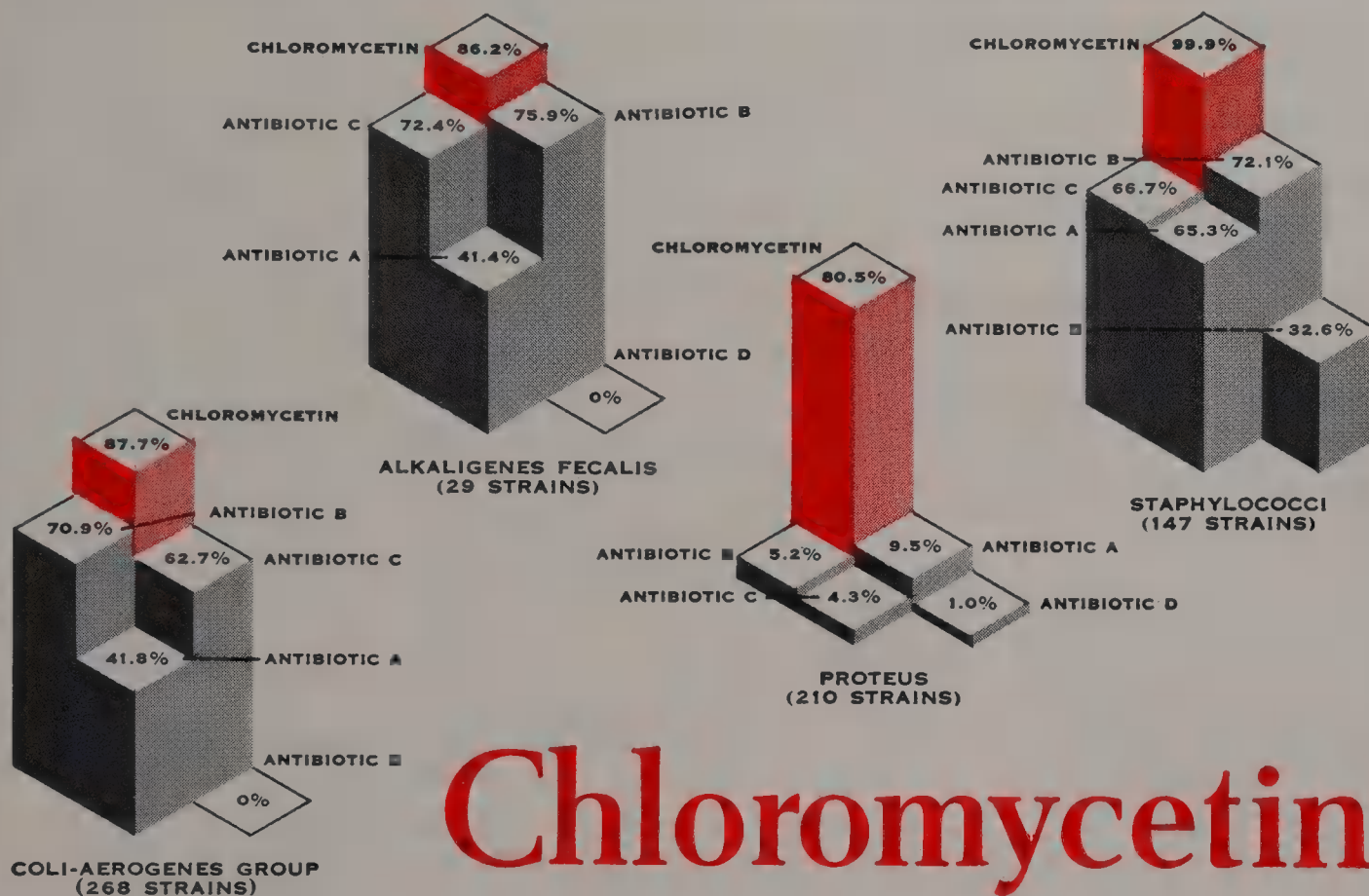
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OF EVERY TYPE
FOR INSTITUTIONS
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*This graph, based on *in vitro* studies, is adapted from Weil and Stempel.⁵ It represents the second and concluding part of data presented in a previous issue. Studies were made at the Bronx Hospital, New York City, an institution representative of the situation in large general hospitals.

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references: (1) Tebrock, H. E., & Young, W. N.: *New York J. Med.* 55:1159, 1955. (2) Bunn, P. A.; Canarile, L., & Eastman, G.: *New York J. Med.* 55:3607, 1955. (3) Perry, R. E., Jr.: *North Carolina M. J.* 16:567, 1955. (4) Horton, B. F., & Knight, V.: *J. Tennessee M. A.* 48:367, 1955. (5) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (6) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (7) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (8) Austrian, R.: *New York J. Med.* 55:2475, 1955. (9) Sanford, J. P.; Favour, C. B., & Mao, F. H.: *J. Lab. & Clin. Med.* 45:540, 1955. (10) Munroe, D. S., & Cockcroft, W. H.: *Canad. M. A. J.* 72:586, 1955. (11) DeVries, J. A., & Pritchard, J. E.: *Canad. M. A. J.* 73:827, 1955.

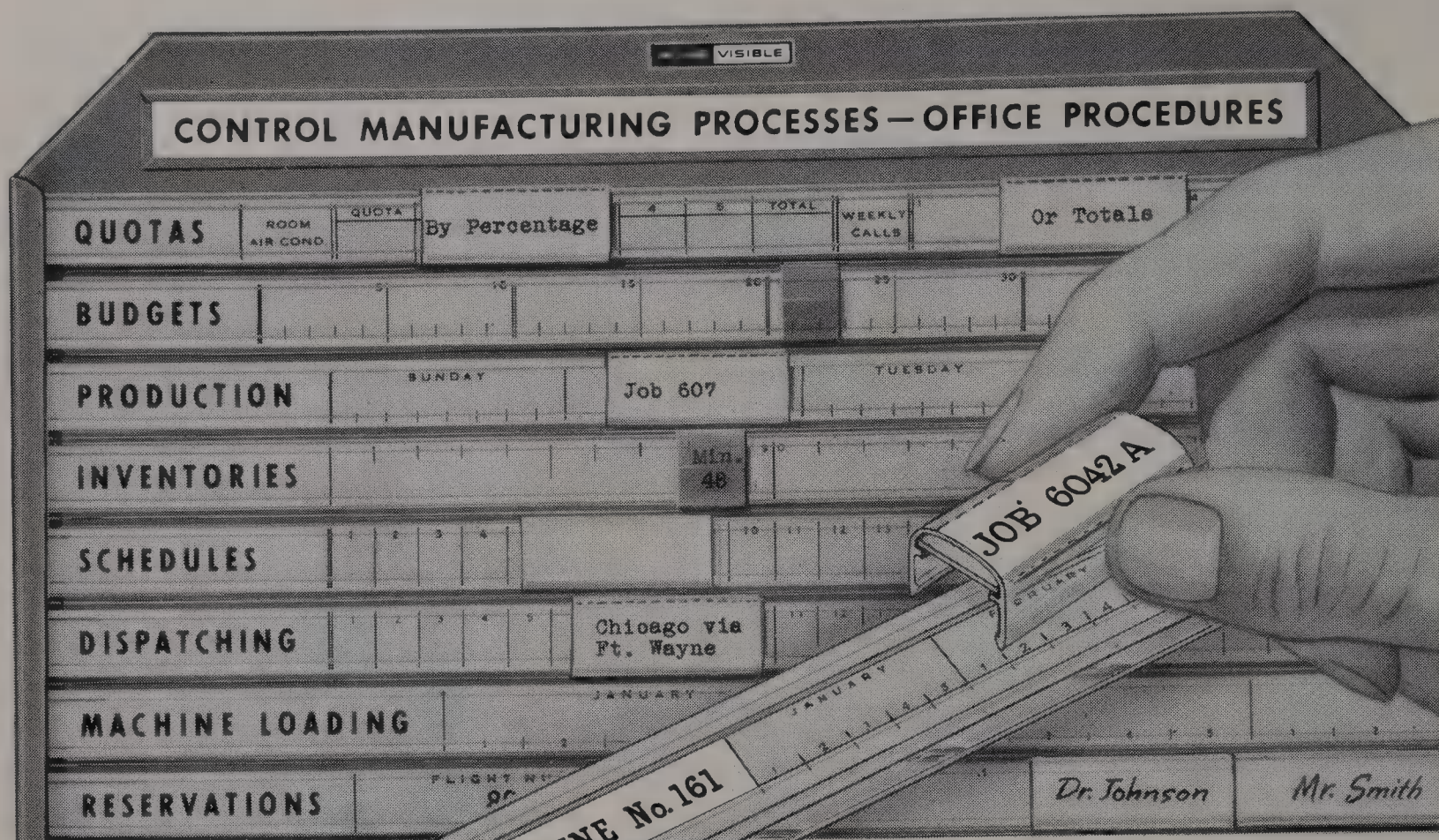
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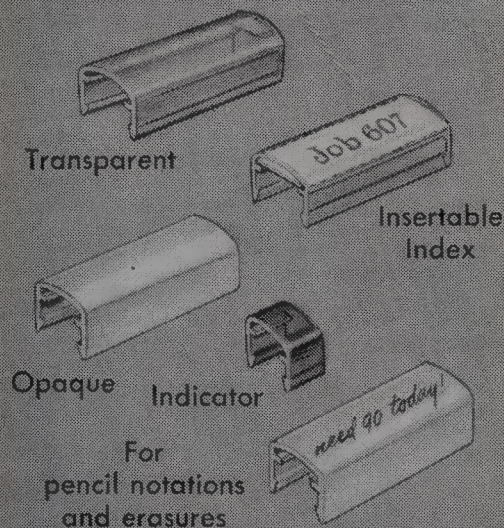


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(Continued from page 26)

Mary Agnes, Sisters of St. Joseph Hospital, New Roads; Sister Mary Irene, St. Joseph Hospital, Thibodaux; and Sister Carlos, Hotel Dieu Hospital, New Orleans.

Minnesota Conference Elects New Officers

At the recent meeting of the Minnesota Catholic Hospital Conference the following were chosen to direct the activities of the Conference for the coming year: *President*—Sister M. Loretto, St. Mary's Hospital, Duluth; *President-Elect*—Sister M. Leonore, St. Gabriel's Hospital, Little Falls; *Vice-President*—Sister Mary Brigh, St. Mary's Hospital,

Rochester; *Secretary*—Sister Mary Patrice, St. Mary's Hospital, Duluth; *Treasurer*—Sister Jeanne Constance, Community Hospital, Baudette; *Directors*—Sister M. Antonius, St. Joseph Hospital, St. Paul, and Sister Mary Joseph, St. Ansgar's Hospital, Moorhead.

New Officers Are Named By Arkansas Conference

At the recent meeting of the Arkansas Conference of Catholic Hospitals the following officers were elected for the year 1956-57: *President*—Sister Rita Rose, *Vice-President*—Sister De Paul, St. Michael's Hospital, Texarkana; and *Secretary-Treasurer*—Sister M. Mildred, St. Bernard's Hospital, Jonesboro.

Galveston Hospitals Organize Conference

To effect better hospital service further in the Diocese of Galveston, a special meeting was held to organize the Galveston Diocesan Council of Catholic Hospitals on March 22nd at St. Joseph's Hospital, Houston. Representatives from Houston Catholic hospitals, from St. Mary's Infirmary in Galveston, from St. Mary's in Port Arthur, Hotel Dieu and St. Therese in Beaumont, participated in this meeting. Only one hospital in the Diocese was not able to participate.

The patron saint of the Conference was selected—St. Joseph. Membership is restricted to institutions only. Officers of the Conference were determined to be a chairman, a co-chairman and a secretary. The meetings are to be held twice annually—one in the spring and one in the fall, rotating among the participating hospitals.

Officers for the current year include the following: *Chairman*—Sister M. Candida, St. Elizabeth Hospital, Houston; *Co-Chairman*—Sister M. Wilfred, Hotel Dieu Hospital, Beaumont; *Secretary*—Sister M. Placida; and *Spiritual Director*—Rev. John J. Roach, Houston.

Upper Midwest Assembly Elects Sister-President

The 9th Annual Upper Midwest Hospital Conference, meeting May 23-25 in Minneapolis, Minn., selected Sister Rose Marie, Administrator of St. Mary's Hospital, Pierre, South Dakota, as President. Sister has been active in hospital administration in South Dakota for 25 years. She is a member of the American College of Hospital Administrators and has been active in the South Dakota State Hospital Association of which she has been president and also in the South Dakota Catholic Hospital Association.

Mother Michael Chosen Middle Atlantic Officer

Mother M. Michael, administrator of Misericordia Hospital, Philadelphia, Pa., was chosen to serve as 2nd vice-President of the Middle Atlantic Hospital Assembly which met at Atlantic City on May 16-18. Mother Michael is well known in hospital circles having served in Philadelphia for many years. Mother is also Vice-President of the Philadelphia Archdiocesan Conference of Catholic Hospitals, of which Msgr. Leo G. Fink is Director.

(Concluded on page 34)

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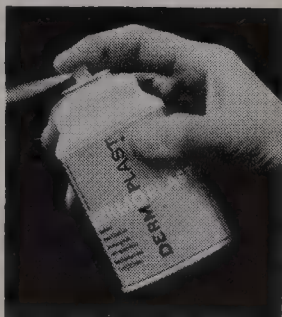
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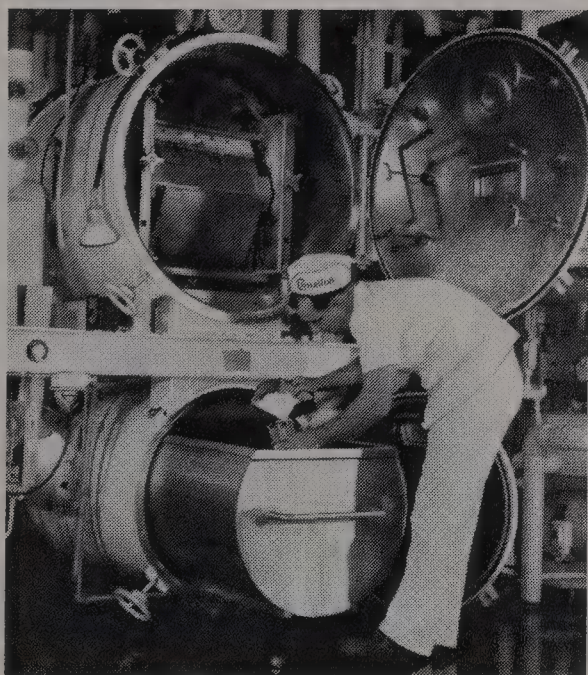


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(Concluded from page 30)

Colorado Conference Meets, Elects

The recent 29th Annual Report of the Catholic Charities of the Archdiocese of Denver includes a section dealing with Catholic hospital activity in this area. A record of the recent meeting of the Colorado Conference of Catholic Hospitals is also included. The Officers of the Conference for the year 1956-57 include: *President*—Sister M. Lina, St. Anthony Hospital, Denver; *Vice-President*, Sister M. Leontine, St.

Joseph Hospital, Cheyenne Wells; *Treasurer*—Sister Ann Clare, Glockner Penrose Hospital, Colorado Springs; and *Secretary*—Rev. William J. Monahan, Denver.

North Dakota Conference Officers

For the year 1956-57 the activities of the Catholic Hospital Conference of the state of North Dakota will be directed by: *President*—Sister M. Agnes, St. Joseph Hospital, Oakes; *President-Elect*—Sister Friedegard, St. Joseph Hospital, Dickinson; *Secretary*

—Sister Marie de Paul, St. Michael's Hospital, Grand Forks; and *Treasurer*—Sister M. Angele, Garrison Memorial Hospital, Garrison.

Washington State Elects Sisters

At the recent meeting of the Washington State Hospital Association two of the Trustees elected were Sisters—Sister Amedee Marie, St. Ignatius Hospital, Colfax and Sister Rose, St. Elizabeth Hospital, Yakima. Both of these Sisters have been active in hospital affairs in the State of Washington. Sister Agnes of the Sacred Heart, of Providence Hospital, Seattle, was chosen President-Elect of the Washington State Hospital Association. Sister Agnes is also Treasurer of The Catholic Hospital Association.

Oklahoma Conference's 6th Annual Meeting

Theme of the 6th Annual Meeting of the Oklahoma Conference of Catholic Hospitals was "In Unity There is Strength"; the time, April 17, 1956; and the meeting place, Mercy Hospital, Oklahoma City. This one-day session was devoted to "The Role of the Diocesan Director of Catholic Hospitals," presented by Msgr. Gilbert Hardesty, Director of Catholic Hospitals for the Diocese of Oklahoma City and Tulsa. The discussion extended also to Medico-Moral Problems. A further presentation of the first morning dealt with "In-Service Education" presented by Sister Mary Damian of St. Anthony Hospital, Oklahoma City.

The afternoon session opened with a showing of "The Dedicated," the C.H.A. film. This was followed by a problem clinic in which the following participated: Sister Mary Louise, *Moderator*, St. Anthony Hospital, Oklahoma City; *Participants*—*Medical Records*—Sister M. Irene, Villa Madonna, Enid; *Nursing Service*—Sister M. Emily, St. Mary's Hospital, McAlester; *Dietetics*—Sister M. Sylvina, St. John's Hospital, Tulsa; *Administration*—Sister Jane Frances, Ponca City Hospital, Ponca City; and *Business and Admitting*—Sister M. Stella, St. Mary's Hospital, Enid. Following this discussion, there took place a "66" Buzz Session for the purpose of determining recommendations for the 1957 meeting.

Officers chosen for the year 1956-57 include the following: *President*—Sister M. Cleta, St. John Hospital, Tulsa; *1st Vice-President*—Sister M. Alfreda, St. Anthony Hospital, Oklahoma City.

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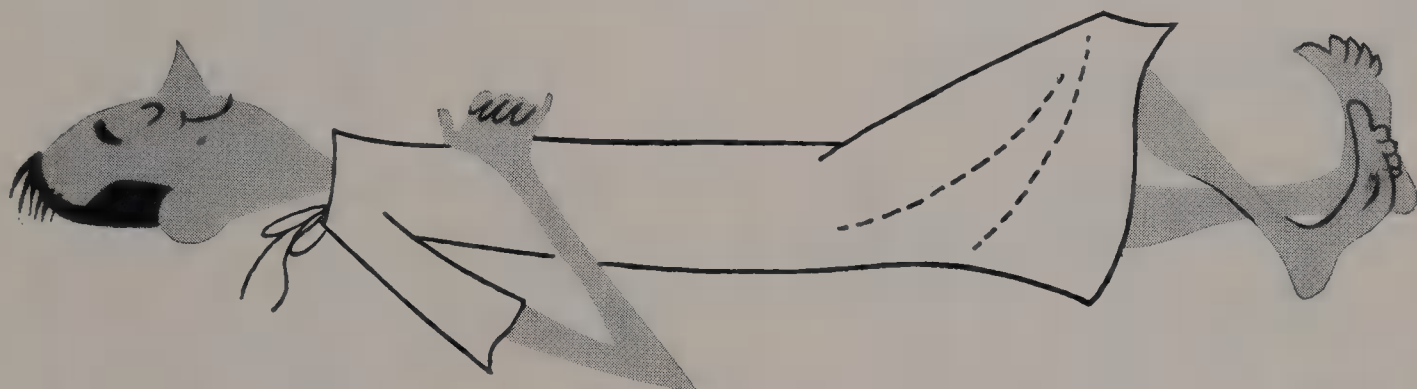
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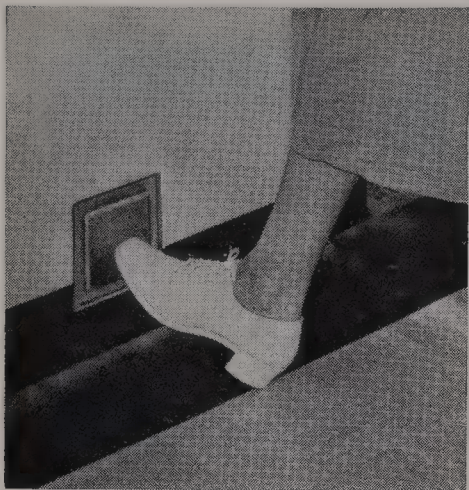
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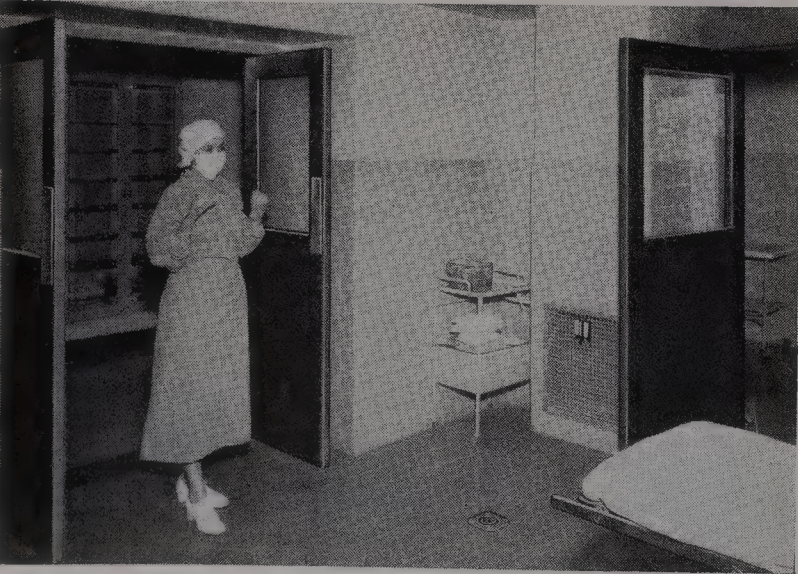


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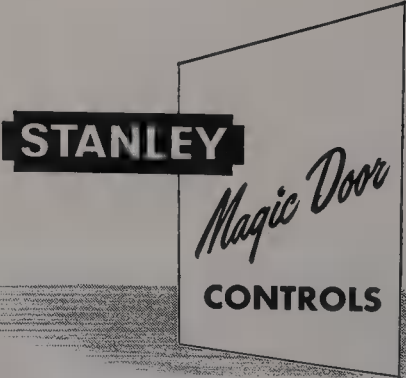


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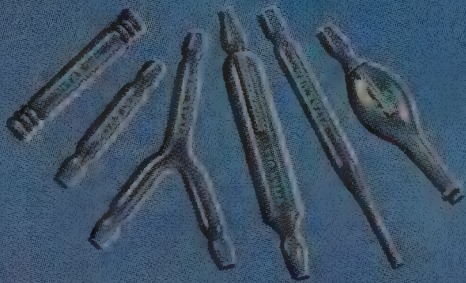
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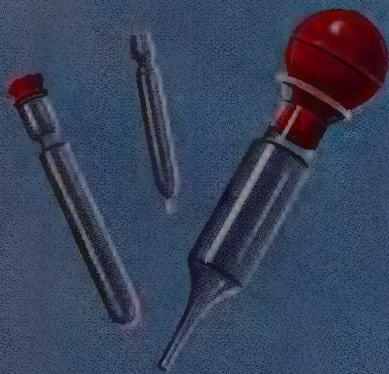
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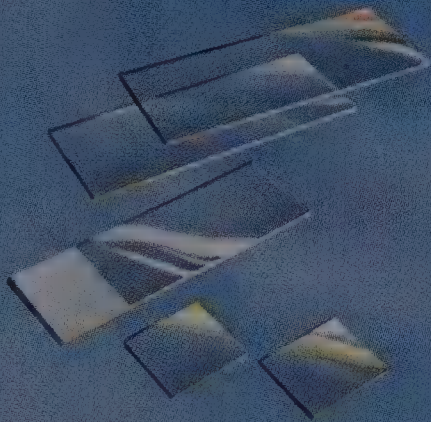
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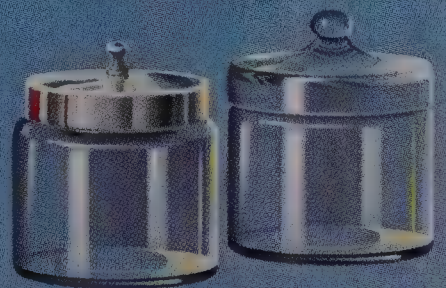
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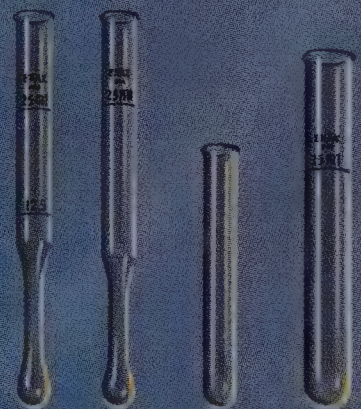
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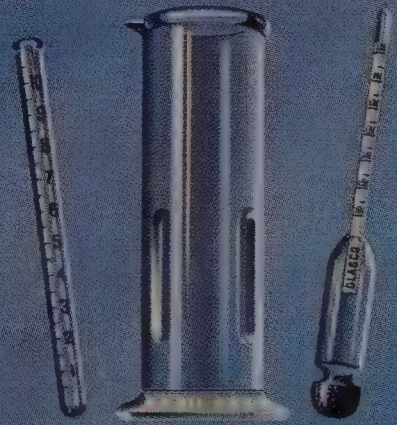
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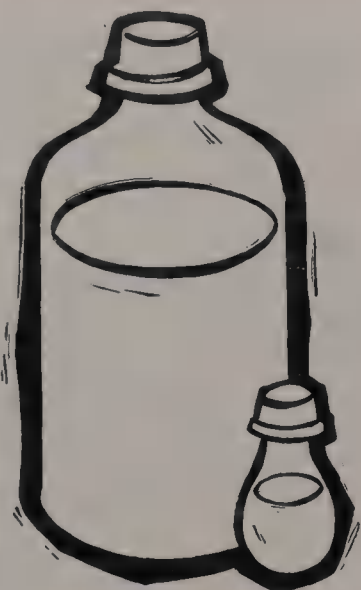
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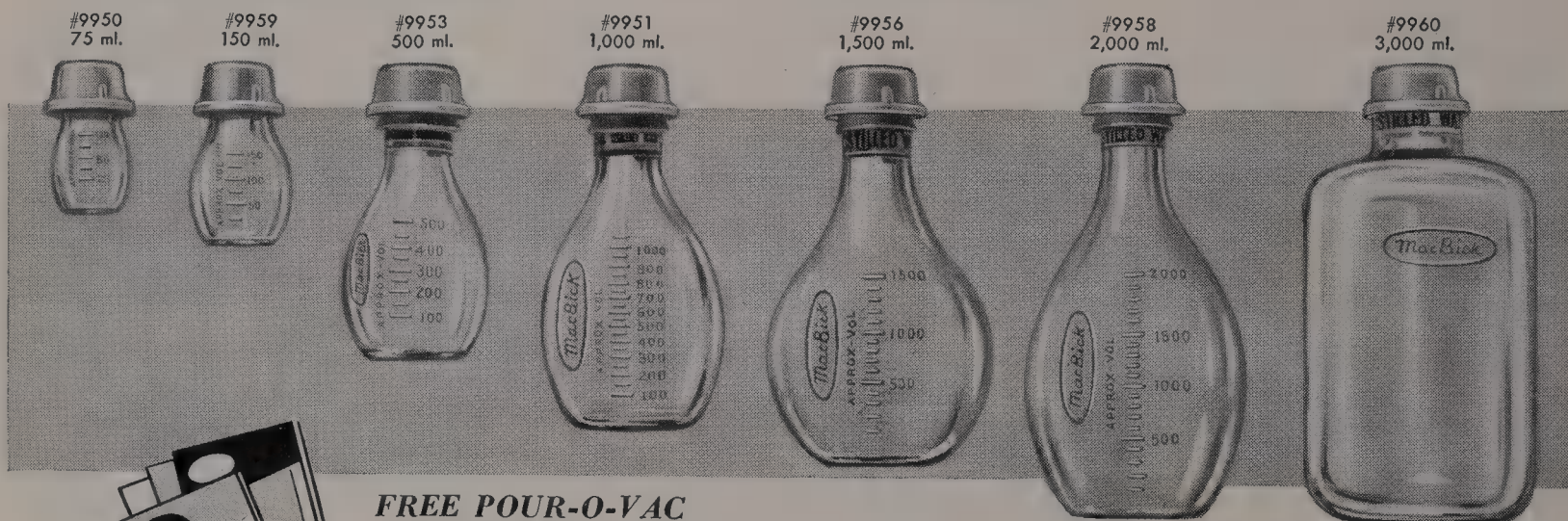


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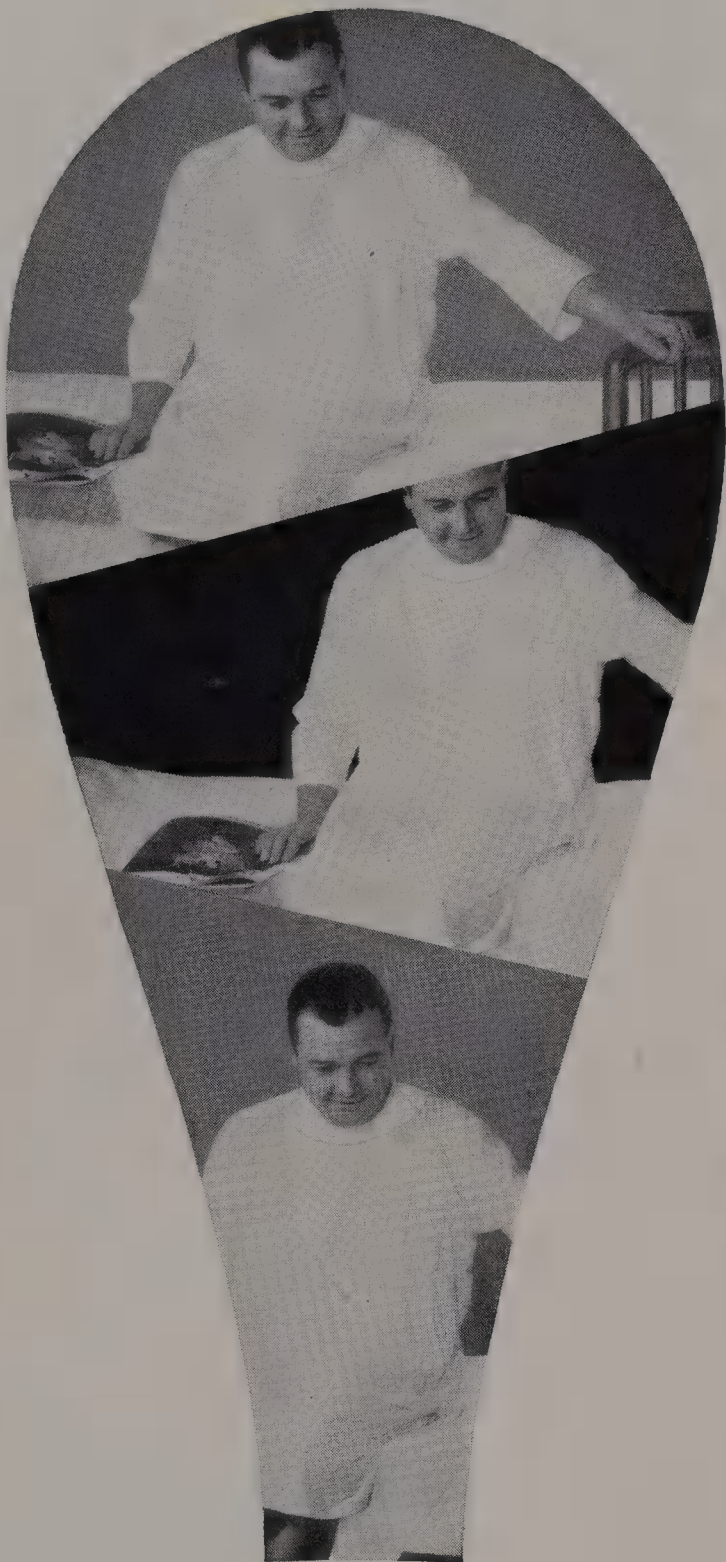


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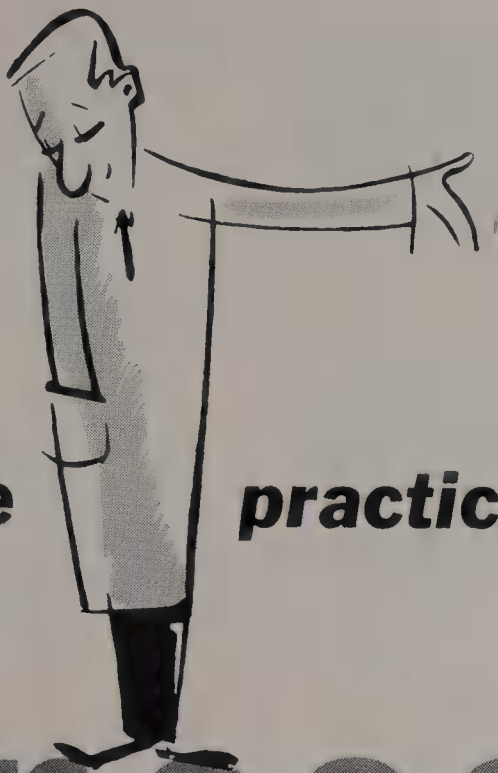


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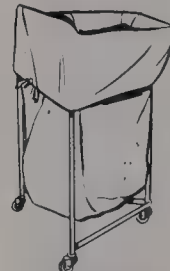


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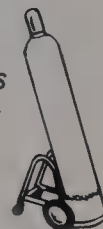
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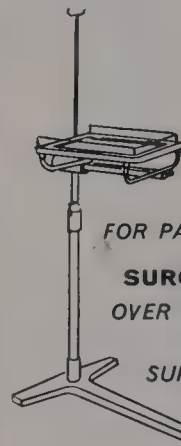
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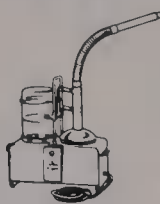
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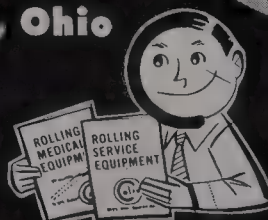
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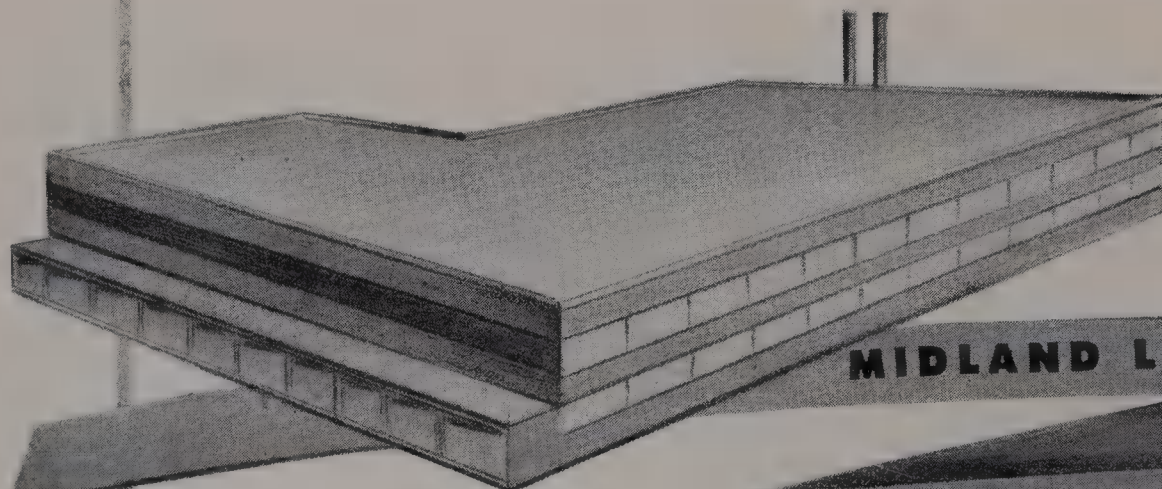
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IN MEMORIAM
William H. Markey

THE UNTIMELY DEATH OF William H. Markey, Director of Financial Management Services for The Catholic Hospital Association ended a distinguished career of notable contributions in several fields—to hospitals in general and to Catholic hospitals in particular. In services to the latter and to the Association, he had endeared himself to Religious throughout Canada and the U. S.

He was killed in the tragic crash June 30 of the TWA airliner which presumably collided with another plane over the Grand Canyon. He met his death while returning from the West Coast, where he had gone to arrange a November conference for the Association. He is survived by his wife, and leaves five children ranging from 5 to 14 years.

A man of brilliant mind and coruscating ideas, plus great personal charm, he was the friend of everyone he met; no one was more helpful when any assistance was needed.

Bill Markey was creative in infinite ways. He was not only productive of ideas himself; he continually sparked the tinder of his associates' minds to greater ingenuity and inventiveness. His outlook embraced an appreciation of the hospital of the future, the areas of policy subject to the most change, the practices and procedures—administratively and medically—most likely to emerge. His wide span of interests—with his analysis and interpretation of them—was a continual stimulus to his colleagues.

A native of Pittsburgh, Pa., he was graduated from Duquesne University and then qualified as a certified public accountant. He entered the hospital field in 1941, serving as administrator at Pittsburgh's Shadyside Hospital and manager of the Hospital Council of Western Pennsylvania. While with the American Hospital Association, 1946-1952, in Chicago, Ill., Mr. Markey was the author, with advisory committee assistance, of the manual, "Uniform Hospital Statistics and Classification of Accounts."

In addition to his duties with The Catholic Hospital Association, Mr. Markey was an instructor in the course in Hospital Administration in the Graduate School of St. Louis University. He was a member of the American Association of Hospital Accountants and of the American Institute of Accountants.

The Executive Director, Rev. John J. Flanagan, S.J., has said, "The loss of Bill Markey is irreparable to the Association and our member hospitals. He was a most talented and resourceful man—outstanding in the area of hospital management and finance—who unselfishly devoted all his great talents to his work in The Catholic Hospital Association. Whatever the assignment, however much effort it demanded, he carried it out with credit to himself, his associates and his principles."



William H. Markey

EDUCATION, RESEARCH, PATIENT CARE

by **SAMUEL CARDINAL STRITCH**, Archbishop of Chicago

Honorary President and Spiritual Director of The Catholic Hospital Association

THE CATHOLIC HOSPITAL ASSOCIATION'S Conventions are emphatically in the class of good conventions for those in hospital work. We who have watched these conventions over many years know the good which has come from them. To know how better to do our work in our hospitals is an imperative. This work is our offering to our Blessed Savior. Love of God inspires it and gives it its particular flavor. We dare not offer to God less than our best. To learn how to improve our hospital work, how to cope with its problems and difficulties, what the best thinking on the matter is and to sense the importance and largeness of it through contacts with others in the same field are postulates in making our

offering to our Blessed Savior the best which we can give.

Consecration is not passive but a very active thing. It implies the giving of our whole selves. It therefore demands that we use all opportunities which will help us in doing our work in a constantly improving way. The Conventions of our Association offer inviting opportunities, and it is a fact that those who attend them are serious-minded and exemplary. This is so true that it is with some trepidation that I shall present to you today some thoughts and observations which are a general summation of what you are seeking in this convention. . . . My aim will be to outline for you in the light of our faith the wholeness of this Convention.

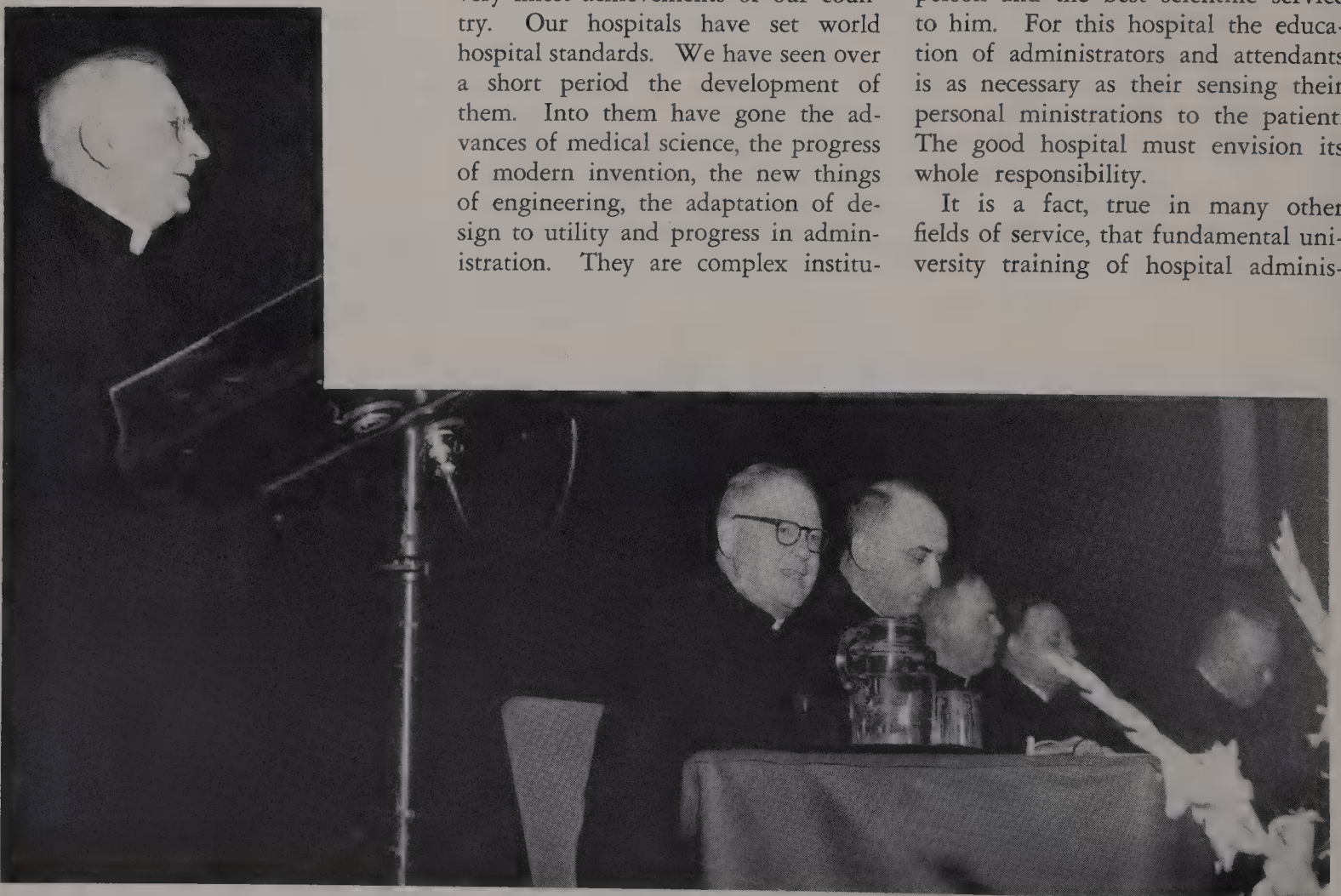
The modern hospital is one of the very finest achievements of our country. Our hospitals have set world hospital standards. We have seen over a short period the development of them. Into them have gone the advances of medical science, the progress of modern invention, the new things of engineering, the adaptation of design to utility and progress in administration. They are complex institu-

tions from their kitchens to their laboratories. They exist for the patient—their staffs, their administration and their equipment. Not only the doctors must be excellently trained but also the administrators and attendants. There must be, in the administrators, a vision of a hospital, which is ready to satisfy all the needs of the patient.

The education of hospital personnel in its work is an imperative. In our hospitals we have succeeded admirably in the humane treatment of the patients, in treating them as persons endowed with precious dignity by our Blessed Savior. This quality of our hospitals compels praise. And we have striven to make our hospitals give the best scientific care to their patients.

The good hospital harmonizes a warm, kindly care of the patient as a person and the best scientific service to him. For this hospital the education of administrators and attendants is as necessary as their sensing their personal ministrations to the patient. The good hospital must envision its whole responsibility.

It is a fact, true in many other fields of service, that fundamental university training of hospital adminis-



SAMUEL CARDINAL STRITCH delivers the article on these pages at the keynote session. Other dignitaries (l. to r.): Rt. Rev. Msgr. Robert A. Maher, Archbishop Albert G. Meyer, Bishop William A. O'Connor, John S. Hirschboeck, M.D., and Msgr. Edmund J. Goebel.

trators and department heads is not enough. Imagine a doctor today who left off studying when he received his State Certificate! In the field of hospital equipment and management there are new things every year. We must keep abreast of them if we are to make our offering to our Blessed Savior the best we can give Him.

On the topic of education, therefore, I can only plead for more and more education for our hospital administrators. It would be a sorry thing if even in the best of our hospitals there would be complacency and satisfaction. Calm discontent with what is, is the key to progress. Let all of us have this holy discontent in our work and see the need of more and more education.

Socio-hospital Research

On the topic of research, I am going to exclude scientific research, that is, profound studies and research in the field of medicine. Such research is most important in all hospitals, but I feel that other, better qualified speakers on your program, will discuss it with you.

I am going to speak to you on research in the field of pressing socio-hospital problems. It is easy to delineate these problems, but difficult to find a right solution of them. Summing them up, they are comprehended in this one question: What are we going to do to bring hospital costs within the income of good ordinary families who need care and do not want to be classed with charity patients?

It is a fact that hospital costs have risen with the increased and increasing operation costs. It is true that the very advances of medical science have added to the cost of the care of patients. It is true that hospital building costs are so high that extraordinary revenue must be secured to meet them.

The hospital is faced with heavy expenses and expenditures. When it includes the care of charity patients and part-pay patients, it is lucky today if it is able to take care of ordinary repairs and improvements. Its charges of necessity have been increased. It is, however, also true that when sickness comes, many families of moderate income are unreasonably burdened by hospital costs. We have a very serious social problem. In some countries the experiment of government medicine is being tried. Our reports

on this experiment do not recommend our trying it in our country.

Governmental hospital or health insurance has been proposed—and the proposal has many supporters. Cannot the problem be solved without such a fundamental departure from our American ways? The Blue Cross and Blue Shield plans have done much good, in keeping with our traditions, but they offer only a piece-meal solution of our problem.

Should there be a wider practice of ambulatory treatment, with the hospitals participating through their clinics? Would convalescent hospitals, which seem to fit in so well with current surgical practices, help reduce the cost of care? Is there something in modernization of hospital administration which would be helpful? Are deficit-meeting departments being economically overstressed?

We dare not play the ostrich and refuse to look at the problem. We must face it. Tax-supported hospitals will do little towards its solution. Private hospitals must do hard, profound research in finding a right solution of this pressing social problem. They have a certain freedom in experimenting which gives them special opportunities in such studies.

We find today in industry examples of research work for reducing costs without sacrificing efficiency. Have our hospitals in their great eagerness to serve rightly the patient been slow in finding ways of reducing costs to patients? I offer no solution to this problem. I present it to you as something on which our hospitals ought to do more research.

In my topic is included "Patient Care." Already I have touched on this subject, but it is so important that some further treatment will be helpful. In medical practice today there is the insistence that the whole patient be treated. The narrowness which specialization brought with it is disappearing. But the whole patient is not just something of physiology. You may treat the whole body. You may call in the psychiatrist to treat the physical mechanism which the soul uses. There will remain much of the whole person which is untouched.

The patient is a person, endowed with great dignity and worth by God. For him, our Blessed Savior died on the Cross. In the hospital he is never just Case Number 500. He must be ministered to with full realization of his dignity and worth.

Why do our Religious conduct hospitals? In this work they find opportunities to realize their prime purpose—the sanctification of their souls in the path of perfection. They may never separate their secondary work from their prime purpose. The two must go together.

In every bed in their hospitals they must see the Mystic Christ. All their hospital labors must be the lavishing of their love on their Mystic Spouse. Here we have the real motive of our Religious in our hospitals. They call upon all that science, good housekeeping and able administration can give them and they alchemize everything in their love of their Mystic Spouse, Who calls to them from the beds of their hospital. Never do they allow routine to rob them of the sublime meaning of their labors.

There is warmth in their patient care. There is understanding. In their total consecration they come close to souls, seeking always what the Sacred Heart of Jesus desires and longs for. In myriads of ways they find opportunities to do blessed things which medical science can never do. It seems imperative that every patient in a Catholic hospital come into personal contact with a religious.

"Follow-up" Urged

Does patient care end with the discharge of a patient from a Catholic hospital? How much good is accomplished when there is follow-up care? Today in our complex society a noble thing would be to have Sister trained workers go out from the hospital and do follow-up work in the homes. The diocesan Charity directors would work with them and the work of the hospital would become happily less institutionalized. I give you this thought which has been with me for many years.

In concluding I want to pay a tribute to our Catholic hospitals. They are doing a great work of charity for Holy Church. The work is hard and demanding and still you see only smiles in our hospitals. May God reward these devoted Religious and shower on them His gifts for which they work and toil. I want also to thank The Catholic Hospital Association for its great work for our hospitals. Without it there would be a vacuum in our hospital work. May this convention bring progress to it! ★

ST. EXPEDITUS HOSPITAL

Dear Sister Michaelen:

Just back from a dinner for Father Jim Powers, chaplain over at Mercy who was given a parish by the Bishop. A good number of the doctors were there and the usual encomiums were passed. Jim did a good job at the hospital but he wasn't very happy about it. He's got a lot of zeal, but for one reason or another he would rather be out in parish work. Oh, at the hospital he was on time for all the services, visited the patients, etc., but he always felt like a fifth wheel on the wagon. Jim was quite unhappy about the fact that in his nine years at Mercy, no doctor or priest had ever talked to the staff on medico-moral problems.

We've got good news this month. The Sacred Heart has been enthroned in every department of the hospital from the office to the nursery. On the last day of June, we took time out to bless pictures of the Sacred Heart and the Immaculate Heart of Mary after Mass and there was a little ceremony in each department as the supervisor or department head hung the pictures on the wall. It isn't working in all departments yet (we've got a Baptist and a Methodist with two Catholics in the office), but on the floors, the nurses, LPNs and aides say a little prayer before morning and afternoon report, emphasizing the fact that when they take care of a patient they are taking care of Christ.

St. Expeditus got another feather in its cap when Miss Hardy, our pharmacist, gave a talk at a meeting of the state hospital administrators on drug service in the hospital. Speaking on integrated drug control for small hospitals without pharmacists, Mary Eva really laid the law down. She pointed out that in a number of small hospitals she had surveyed, integration or, as she put it, "plain common sense" had resulted in bringing back from the floors anywhere from \$2,500 to \$3,500 worth of drugs, many of which were overstocked, into a central supply set-up.

The Milwaukee Convention is really having its effect. Sister Rita Ann took to heart Msgr. Brunini's appeal to make "abundantly evident" the Christ-like charity which is the impelling force behind the work of Catholic hospitals. Everybody in the hospital is identified now with a small plastic badge and each patient has an identification tape (so we won't take out an appendix when we should have taken out a left kidney). In fact, since the Convention, we never hear any "226 bed 1" deals anymore. It used to be quite common. But with accurate identifications of patients and their treatment--surgery, E.C.G., E.C.T., Blood Sugar--plainly evident at the bottom of their beds, we have no trouble. And the patients like it.

Two of our nuns are in St. Louis taking the introductory brief course in Hospital Administration. (I hope you can finish your course this Fall.) It's a big and technical field, and Mother Provincials ought to realize that you just can't pick a Sister off the floor or out of the business office and make her an administrator.

See you on my way back from the lake. In Christ through Mary,

Father Brian

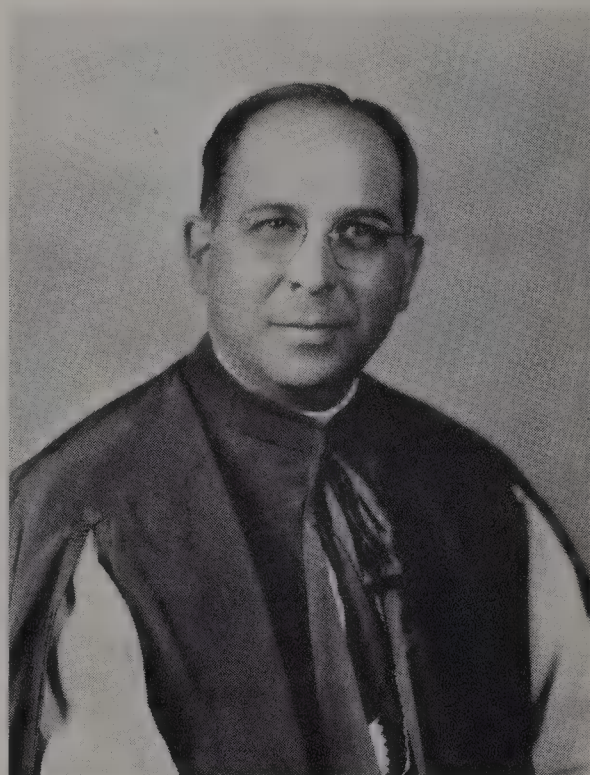


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Caritas Christi Nos Urget

by **RT. REV. MSGR. JOSEPH B. BRUNINI**
Jackson, Mississippi



THE MOTTO OF OUR ASSOCIATION, *Caritas Christi Nos Urget*, expresses well the driving force behind Catholic hospitals and allied agencies. The charity of Christ urges us onward, the charity of Christ is our motivating force, the charity of Christ drives us onward and upward.

We who are intimately associated with our institutions on a day-by-day basis know that the impelling force behind our Catholic hospital Sisters, Brothers, priests and zealous lay people, is Christ-like charity. Charity is the love of God at work. We know well that were it not for the strong love of God built in our hearts there would be no Catholic hospitals, no Catholic schools of nursing, no charitable institutions.

Yes, we know these things, but there is good reason to fear that the great portion of the general public does not comprehend fully the fine purpose of our Catholic institutions to show forth the charity of Christ. We are fully aware—and I know sometimes alarmed—by the tremendous growth of our Catholic hospitals into large, complicated institutions. We know full well the danger of all these complications, hiding from the general public the underlying Christ-like charity which means everything to us.

On the other hand, we realize that we cannot go back to the old days when Sisters and Brothers brought chiefly their willing hands, their kindly smiles, their long hours of devoted work—with a modicum of trappings and modern complications of health services which are absolutely essential to good patient care in these advanced times. We cannot go back to the times when the Sister Superior paid the butcher, the baker and the candlestick maker out of a cash box or out of the big pocket in her apron. In many of our institutions we have

seen the percentage of Brothers and Sisters to total workers in the hospital drop from almost 100 per cent to—in some cases—as low as 5 per cent.

When our Sisters and Brothers moved into old buildings or homes and took care of everything themselves, it was quite simple for the sick patient and the visitor to recognize immediately and forcibly the charity of Christ at work. It is not so simple to recognize the same Christ-like motives in many of our institutions where the Religious have been forced to withdraw to key positions, and where, instead of paying small fees for bed and board and simple nursing care, the modern patient faces bills which must be large enough to cover modern costs of living wages, modern drugs, modern operating rooms and the tremendous overhead expenses reflected in hospital costs today.

This brings us to the precise point of my remarks today. Granted that the showing forth of the charity of Christ is the final purpose of all our labors, then I submit that we have an obligation to make that Christ-like charity *abundantly* evident. In other words, we have to do a public relations job—to use a familiar term.

Now I know that our Sisters, Brothers and priests all strive to imitate Christ, our Saviour, in His meekness and humility—but I submit also that this is not a personal affair. This is something which involves the good name of the Church, the salvation of souls and the greater glory of God. Christ's Church is a City set upon a mountain. Our Catholic hospitals and nursing schools and allied agencies form most important buildings in that City of God; they must shine forth as brightly lighted skyscrapers.

Christ Himself laid down for us our public relations policy as found in the fifth Chapter of St. Matthew, verses 14-16:

You are the light of the world. A city set on a mountain cannot be hidden . . . Even so let your light shine before men, in order that they may see your good works and give glory to your Father in heaven.

The best thing the Church has to give to the world is our charity—a charity not confined merely to almsgiving but that embraces kindness, self-sacrifice, humility. This is a kind of charity well indicated in our Convention theme: Education, Research, Patient Care.

We are bringing to reality the prediction found in Psalms 87 and 48:

Glorious things are spoken of you, O City of God! Great is the Lord and greatly to be praised in the City of our Lord, in the mountain of His Holiness, increasing the joy of the whole earth.

In other words, our public relations policy must be designed to "sell" the two great Commandments of the Law—love of God and love of neighbor.

We are making manifest the shining light of charity as St. John revealed in the "Book of the Apocalypse":

And I saw the Holy City, the new Jerusalem, coming down out of heaven from God, made ready as a bride adorned for her husband. The City has no need for the sun, the moon to shine upon it. The glory of God lights it up and the Lamb is the lamp thereof and the nations shall walk by the light thereof.

In the olden days it was quite simple to perceive the charity in a Catholic hospital. The Sister Superior would take the bill and mark across the face "Paid in Full." The patient and the family would smile and express their appreciation. That manifestation of charity was quite simple, for perhaps 80 per cent of the bill represented the Sisters' labor—I might say that it was not only quite simple but possible—then. But, whether we like it or not, times have changed.

Marking the bill "Paid" is not the real act of charity nowadays. The Sisters can write off *their* labors, but this would be only 5 or 10 per cent of the cost involved in operating a modern institution. We have to point out to the public that although the real charity in today's hospital is still basically the labor and devotion of our Sisters, Brothers, priests and laity, there are also other important manifestations of charity.

In his monumental work, *The City of God*, St. Augustine speaks of the city of the earth and the city of God: ". . . these two cities were made by two loves: the earthly city by the love of self unto the contempt of God, and the heavenly city by the love of God unto the contempt of self." (*Book 14, Chapter 28*). The earthly city glories in its own power. The heavenly city glories in the power of God.

The real charity in our Catholic hospitals consists of the same long hours, devoted care, bright smiles and words of spiritual reassurance from our religious personnel. The real charity in a hospital is found in the devoted physician and surgeon who gives freely of himself to mend broken bodies. The real charity is the Father chaplain making his rounds, consoling the suffering, ministering the Sacraments, giving spiritual counsel, instructing the nurses in ethics. The charity in a Catholic hospital is found in our devoted nurses who give more than dollar value for their services and who bring so much courage to the sick. The real charity in a Catholic hospital is found in the hearts of generous lay

people who through their donations make possible the free care of sick people. The real charity is found in the sacrifice of the nurse-educator, training the nurses of tomorrow as the nurses of today pass on their skill to bring better patient care to the future. These, then, are the charities to be emphasized in modern Catholic hospitals and may well be developed under the title: Education, Research, Patient Care.

We in the hospital field are primarily concerned with the corporal works of mercy, the care of the sick. We can see the tremendous importance of our Catholic hospitals to the City of God when we realize that we are handling over 9,500,000 patients in these United States alone. Including our Canadian institutions, we treat over 11,800,000 patients each year. Think of the tremendous opportunity to show forth the charity of Christ to all these people, to all their families and friends. Let us give thanks to Almighty God for this opportunity to show forth our love of God and of neighbor.

We would not wish to take away one iota of the glory and honor earned by our hospitals' heroes of the past—those Brothers, Sisters and priests who literally gave their lives to nurse the sick, particularly in time of plague, those heroic people who in all parts of Canada and the United States made the supreme sacrifice for the sick.

The Church has heroes today who are willing to make the same sacrifices, and we are quick to recognize that daily demands upon our present hospital personnel are more exacting and nerve-wracking than in past years. It is significant that only in recent times was it necessary for the Episcopal Chairman of our Association to direct that special efforts be made to protect the health of the Sisters and Brothers in our hospitals. The same charity is there. They must continue to let their light shine before men that all may see their good works and offer praise and glory to God.

We should use every means possible to tell the story of the modern Catholic hospital to the people. We should publish good annual reports. We need the help of the editors of popular Catholic magazines, of our widely distributed newspapers, of radio and television programs. We need the help of our parish priests, whom we should ask at least once a year, during hospital week, to say a word about the charitable aspects of our Catholic hospitals. Finally, we should strive in our own lives to reach that ideal laid down by St. Paul in the famous 13th Chapter of his first letter to the people of Corinth:

If I should speak with the tongues of men and of angels, but do not have charity, I have become as sounding brass or a tinkling cymbal. And if I have prophecy and know all mysteries and all knowledge, and if I have all faith so as to remove mountains, yet do not have charity, I am nothing. And if I distribute all my goods to feed the poor, and if I deliver my body to be burned, yet do not have charity, it profits me nothing.

Then St. Paul personifies charity and tells us the attributes of the charitable man and the charitable woman:

Charity is patient, is kind; charity does not envy, is not pretentious, is not puffed up, is not ambitious, is not self-seeking, is not provoked; thinks no evil, does not rejoice over wickedness, but rejoices with the truth; bears with all things, believes all things, hopes all things, endures all things . . . So there abide faith, hope and charity, these three; but the greatest of these is charity.



THE MOST REV. ALBERT G. MEYER, Episcopal Host to the 41st Annual Convention, approaches the altar in the Milwaukee Auditorium where he celebrated a Solemn Pontifical Mass to open the Convention formally.

Theme: "Education, Research, Patient Care"

GENERAL AND BUSINESS SESSIONS

The Catholic Hospital Association Convention in Milwaukee, May 21-24 was the largest in the history of the Association. More than 5,500 persons registered and participated in the general, special and sectional meetings, and in the exhibits. The general, sectional and special meetings, and the exhibit hall attracted overflow crowds.

The Pontifical High Mass opening the Convention was held in Bruce Hall of the Milwaukee Auditorium. One unusual feature was congregational singing of the Mass. Father Elmer F. Pfeil, director of music at St. Francis Seminary, Milwaukee, directed the vocal participation.

His Excellency, Archbishop Albert G. Meyer, celebrated the Mass and also preached the sermon. In his talk he said that Catholic hospitals must embody "natural solicitude for human

suffering in all its forms, and abundant resources of the best in technical skills of modern medicine, surgery and nursing."

"The door to the Catholic hospital," he said, "is and must remain the gateway to eternal life."

The program part of the Convention opened Monday afternoon with the address of Dr. John Cronin, Chief of the Division of Hospital and Medical Facilities, United States Public Health Service. Speaking on "The Relationship of Government to the Voluntary Hospital," he said, "The medical profession, the voluntary and public hospitals and the public health officers are all partners in the field of health. As in any partnership there is need for understanding of methods of operation and mutual assistance in providing health services to those seek-

ing them. This is the dedication of this partnership."

Charles F. Burke, assistant to the president, General Tire and Rubber Company, followed with an address on the "Relationship Between Industry and Voluntary Hospitals." He stressed the importance of hospital reliance on business for advice and help and strongly urged the use of good business methods by Catholic hospitals. He stressed the importance of research in the hospital and what it means to patients, to industry and to business corporations. "Never forget the charity motives of your work, but be ever aware of basic business principles in your everyday hospital activities," he concluded.

The final speaker on the Monday afternoon program was Joseph A. Beirne, president of the Communication

Workers of America. He explained the interest of organized labor in community health and its special concern for the health of its members. He said, "Organized labor's concern is that the health needs of our nation be met within the framework of our resources and in keeping with our American tradition of freedom."

The keynote address of the Convention was given Tuesday afternoon by His Eminence, Samuel Cardinal Stritch, Archbishop of Chicago. His Eminence is Honorary President and Spiritual Director of The Catholic Hospital Association. We are pleased to report the complete address of His Eminence on other pages of HOSPITAL PROGRESS.

Dr. John S. Hirschboeck, dean, Marquette University School of Medicine, followed His Eminence on the program and explained the "Impact of Education and Research on Patient Care." "Unless an educational spirit exists in one form or another within the various phases of hospital activity, progress will cease and decline may begin," he said. "A good internship is costly, but its value in improved patient care is worth the price."

Msgr. Robert A. Maher, President of The Catholic Hospital Association, concluded the Tuesday afternoon program with his Presidential Address. In it he outlined the outstanding activities of the Association during the year, including authorization for a research department at headquarters, research grants obtained from the U.S.P.H.S. by the Association, the atten-

tion to psychiatric service, the "Report on the Health of Religious Program" and the achievement of Catholic hospitals in hospital accreditation. He mentioned in particular the continuing growth of State and Regional Conferences of Catholic hospitals.

The Wednesday afternoon program included a business meeting and a new feature—a report to the membership of the Association from each of the Councils and Committees of the Association. For the first time, Association members had an opportunity to see the priests, Sisters, Brothers and laymen who do so much of the "backstage" work for the Association.

In the course of the business meeting, the Nominating Committee reported the result of the mail ballot: Sister Carlos of Hotel Dieu, New Orleans, and Sister Mary Philippa of St. Mary's Hospital, San Francisco, had been elected to the Executive Board of the Association. The delegates then elected Rt. Rev. Msgr. W. T. Bradley, Archdiocesan Director of Hospitals for Santa Fe, as First Vice-President, and Rev. Clement G. Schindler, Director of Hospitals for the Diocese of Belleville, as Second Vice-President. Rt. Rev. Msgr. F. M. J. Thornton, Director of Hospitals for the Diocese of Trenton, was made President-elect of the Association.

The Thursday morning program opened with a short business meeting during which Rt. Rev. Msgr. Joseph Brunini of Jackson, Miss., was installed

as President for 1956-57. In his acceptance address, the new President emphasized the importance of charity in Catholic hospitals. Most appropriately he began with the motto of The Catholic Hospital Association, *Caritas Christi Urget Nos*. His address is reported in full in this issue of HOSPITAL PROGRESS.

The special feature of the day's program was a symposium on "Formation of Hospital Religious." This program was organized with the help of leaders in the Sister Formation Conference for the purpose of informing hospital Religious and their Superiors of the nature and importance of this movement. Monsignor Hochwalt, secretary of the National Catholic Educational Association, opened the symposium by explaining the significance of Sister formation for the individual nursing Sister. Rev. John J. Flanagan, S.J., discussed formation and the problems of administration and accreditation of hospitals.

Rev. Louis J. Putz, C.S.C., of Notre Dame University resumed the symposium in the afternoon with a paper on "Formation and the Apostolate to Patients and Staff." Sister M. Judith, F.C.S.P., Seattle, Wash., reported on "Formation and Problems of Vocation." Sister May Emil, I.H.M., chairman of the National Sister Formation Committee from Mary Grove College, closed the symposium by discussing "The Place of the Nursing Sister in the Sister Formation Movement."



U.S.P.H.S. Hospital and Medical Facilities Division Chief, John W. Cronin, addresses the opening session. (L. to r.): Rt. Rev. Msgr. Joseph B. Toomey; E.W.R. Grace, Melbourne, Australia; Charles F. Burke, Akron, Ohio; and Joseph A. Beirne, Washington, D.C.



GENERAL VIEW of packed hall at the opening meeting of the 41st Annual Convention.

RESOLUTIONS

THANKS TO INDIVIDUALS

BE IT RESOLVED, That the members of The Catholic Hospital Association, assembled in its 41st Annual Convention, express their prayerful gratitude to the Blessed Virgin Mary for the outstanding success of this year's meeting; in particular, the Officers of the Association wish to express their special gratitude for the valuable contributions of

His Eminence, Samuel Cardinal Stritch, Archbishop of Chicago and Honorary President and Spiritual Director of the Association;

The Most Reverend Albert G. Meyer, Archbishop of Milwaukee and Episcopal Host to this year's Convention;

The Most Reverend William A. O'Connor, Bishop of Springfield-in-Illinois, Episcopal Chairman of the Association's Administrative Board;

The Most Reverend John B. Grelinger, Auxiliary Bishop of Green Bay;

Right Reverend Monsignor Edmund J. Goebel and the staff of the Wisconsin Conference of Catholic Hospitals for valuable assistance in making arrangements;

Reverend John J. Flanagan, S.J., Executive Director of the Association, the staff of the Central Office; and

All others who participated on the

program to make the 41st Convention the outstanding meeting in the Association's history.

ON THE GRANTS MADE BY FORD FOUNDATION

WHEREAS, The Ford Foundation has always been interested in the voluntary non-profit hospitals of the nation; and

WHEREAS, This interest led to a study of the financial plight of hospitals; and

WHEREAS, The results of this review prompted the Foundation to make the largest and most unrestricted gift in history to voluntary hospitals in the United States; and

WHEREAS, The thoughtful bounty of The Ford Foundation cannot fail to achieve the intended goal of better patient care and will unquestionably stimulate research in the health and hospital field;

BE IT RESOLVED, That The Catholic Hospital Association at its 41st Annual Convention spread on the permanent records of the Association an expression of deep appreciation for the wisdom, foresight and generosity of The Ford Foundation;

BE IT FURTHER RESOLVED, That a copy of this resolution be sent to The Ford Foundation.

RESEARCH IN HOSPITAL ADMINISTRATION

WHEREAS, Advances in medicine and other areas have taken place only through the painstaking techniques and laborious processes of research; and

WHEREAS, In the field of hospital service, particularly in the administrative field, little original investigation has been inaugurated; therefore

BE IT RESOLVED, That The Catholic Hospital Association in its 1956 Convention commend the United States Public Health Service on taking the leadership in the program of research initiated in the field of hospital administration under Public Law 380 of the 81st Congress from which far-reaching results will emerge for the hospital of tomorrow; the findings of these studies will focus the attention of the next generation of administrators on new approaches to old principles and new techniques for carrying on their activities; and

BE IT FURTHER RESOLVED, That the Secretary of the Association transmit a copy of this resolution to Dr. Leonard Scheele, Surgeon General of the Public Health Service.

SILVER JUBILEE OF BLUE CROSS

WHEREAS, The prepayment principle exemplified in Blue Cross Plans has been applied successfully to hospital service for 25 years; and

WHEREAS, For this current year enrollment in Blue Cross Plans has reached 50,000,000 persons; and

WHEREAS, This movement has benefited enormously millions of patients and practically all of our hospitals; therefore

BE IT RESOLVED, That The Catholic Hospital Association, on the occasion of its 41st Annual Meeting, congratulate the Blue Cross Commission on its Silver Jubilee in this achievement of successfully launching its non-profit program of service to the people and to voluntary hospitals; truly an outstanding development in the hospital history of the first half of the Twentieth Century, the prepayment program of Blue Cross has now been extended to medical care programs by many agencies—governmental, voluntary, and commercial; and

BE IT FURTHER RESOLVED, That the members of this Association pledge again their continued coöperation both in promoting the wider spread of Blue Cross and in actively participating in

its further development to the end that it embrace more and more of our people with comprehensive coverage for all costs of hospitalization. The Association strongly recommends that Blue Cross for its part, work in close and harmonious coöperation with its participating hospitals.

WHEREAS, The Lord has called Monsignor H. Joseph Jacobi to his eternal reward; and

WHEREAS, Monsignor H. Joseph Jacobi, a former Vice-President of the Association, has served the cause of Catholic hospitals loyally and with distinction as Representative for Hospitals of the Archdiocese of New Orleans; therefore

BE IT RESOLVED, That The Catholic Hospital Association members at this 41st Annual Convention express grief at this untimely loss; and

BE IT FURTHER RESOLVED, That the Secretary of the Association be instructed to forward copies of this resolution to the Most Reverend Joseph Rummel, Archbishop of New Orleans, and to the parents of Monsignor Jacobi.

BE IT RESOLVED, That the members of The Catholic Hospital Association in Convention assembled record their esteem and deep regard for Dr. Malcolm T. MacEachern, who through the Hospital Standardization Program endeared himself to the Sisters and Brothers in Catholic hospitals throughout Canada and the United States; in his going, the hospital world of North America loses its foremost leader and the Religious of Catholic hospitals a loyal friend and wise counsellor; and

BE IT FURTHER RESOLVED, That the Secretary of The Catholic Hospital Association be instructed to transmit a copy of this resolution to Dr. MacEachern's family.

MEDICAL EDUCATION AND RESEARCH

BE IT RESOLVED, That The Catholic Hospital Association take this occasion to remind its member hospitals of two of their primary functions, in encouraging medical education programs and research activities: as a few hospitals have rendered distinguished service to medicine in these areas, other hospitals, if they are to merit designation as centers for scientific medical care, must become aware of their responsibility



MSGR. JOSEPH BRUNINI, incoming President, receives the President's Medal from retiring C.H.A. President, Msgr. Robert A. Maher, during the Convention.

to encourage members of their medical staffs to undertake programs in medical education and research.

PERSONNEL ADMINISTRATION

WHEREAS, Catholic hospitals are desirous of operating their institutions in keeping with the tradition of the Church; and

WHEREAS, Written personnel policies in a modern hospital properly thought out contribute significantly to stability of staff, thereby assuring improved patient care; therefore

BE IT RESOLVED, That the 41st Convention of The Catholic Hospital Association stimulate the Religious directing Catholic hospitals to consider initiating or revising personnel policies in the light of sound principles of personnel administration.

PSYCHIATRIC SERVICES

WHEREAS, The demand for psychiatric service greatly exceeds the facilities now available; and

WHEREAS, Psychiatric facilities under Catholic auspices are now woefully inadequate to assume their fair share of responsibility; therefore

BE IT RESOLVED, That The Catholic Hospital Association urge its member hospitals to extend the horizons of their service programs to include Psychiatric Clinic Service to the community, and eventually to develop an in-patient service where those suffering

mental illness may receive prompt attention and proper care.

CHRONIC SERVICES

WHEREAS, Our aging population has brought about some realization of the health problems associated with this population unit; and

WHEREAS, Catholic hospitals are not now prepared to assume this further burden; therefore

BE IT RESOLVED, That The Catholic Hospital Association pledge itself to a program of education to inform its hospitals of this need and to point out to Religious what types of service in our general hospitals can best care for patients suffering from chronic illness.

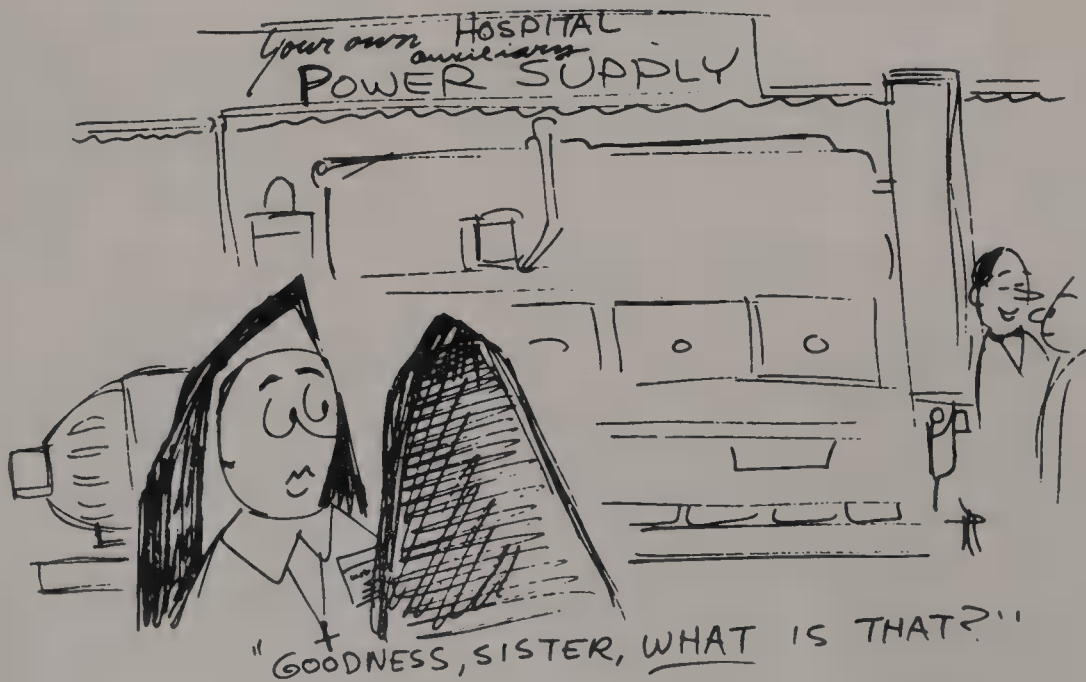
REIMBURSEMENT POLICIES

WHEREAS, Hospitals, although non-profit enterprises, are subject to the principles of economics in the same degree as other enterprises; therefore

BE IT RESOLVED, That the hospital members of this Association formulate a program of public education to bring about deeper understanding of hospital costs, emphasizing their essential charitable service to the needy of the community, their obligation to creditors for supplies and their more serious obligation in justice to employees, especially by providing acceptable working conditions and an adequate salary base comparable to that in commercial enterprises.



"AW, JUST ONE MORE DIME, SISTER?"



"GOODNESS, SISTER, WHAT IS THAT?"

BRUCE HALL



Gluocky

"... MY FEET WERE SIMPLY
KILLING ME... "



From the

Sketch

Book



Gluocky

"... NICE HAUL, EH, SISTER? "

SECTIONAL EVENTS

TUESDAY, MAY 22

Meeting Hospital, Nurse Needs

AN APPROXIMATE attendance of 1,000 was counted for the Tuesday sectional meeting devoted to "Meeting the Needs of Nurses and Hospitals."

The first address was given by Father Raymond F. S. Cahill, S.J., Professor of Economics at the College of the Holy Cross in Worcester, Mass. He discussed "The Encyclicals and an Economic Security Program." Father Cahill drew four key principles from the encyclical of Pope Pius XI "On the Reconstruction of the Social Order" or "Quadragesimo Anno." The principles are clear, Father Cahill said, but their application to concrete situations is another question and less clear.

He reviewed the doctrine of the living wage and cited some statistics to show how the cost of living varies throughout the country. He cited the Economic Security Program of the A.N.A. as an effort of

collective action to achieve better wages and working conditions in the interest of the common good as well as the nurses' good.

Father Cahill concluded that the collective bargain, worked out into a contract between nurses and the hospital administrators, may be considered an integral part of a sound personnel program.

Sister M. Philippa, S.M., administrator of St. Mary's Hospital, San Francisco, presented a paper entitled, "Applied, Tried and Appraised." In her paper, she described the contractual agreements which the San Francisco hospitals have with various groups of employees. She outlined briefly the history of the union movement in hospitals of the San Francisco Bay area. Her discussion covered experiences in dealing with organized groups and she pointed out problems and benefits to workers and management which an employer encounters in contractual agreements with organized labor.

The third speaker was Sister Grace Marie, S.C., Good Samaritan Hospital, Dayton, Ohio, who discussed "The Voluntary Way." In her paper, she outlined ways in which a hospital can meet the needs of the workers so they will not feel the need of

organized groups for collective bargaining. Some of the essential needs she cited for workers are: job security and job satisfaction, fair wages, feeling of belonging, good working conditions, competent supervision and just and equitable personnel policies. She said experiences of other hospitals have shown these things necessary to good employee-employer relationships. Modernization of personnel policies is a must in hospitals today, she concluded.

During a question-and-answer period Father Cahill was asked for further explanation of some of the principles he had presented and Sister Mary Philippa was asked for more specific information in the area of demands made by employees and the technics of bargaining. There were too many questions to be answered in the time allotted and the speakers were obliged to confine their answers to queries of a general nature.

Developing a Methods Improvement Program

AN ESTIMATED 500 persons heard reports in a Tuesday meeting on "Developing a Methods Improvement Program" in hospitals.

Celeste K. Kemler, administrator, Valley View Hospital, Ada, Okla., presiding at the session introduced Ronald S. Simon, administrative assistant, Loretto Hospital, Chicago, Ill., who stressed the importance of Methods Improvement Programs as a means to reduce and control costs without affecting the quality of patient care. He said the success of such a program depends greatly on an over-all study and review of operations, followed by provision of the impetus needed to develop a Methods Improvement Program.

The primary objective of such a program, he said, is better care of patients through improvements in services and procedures. He named secondary objective of lowering costs wherever possible, without lowering standards of good, efficient service.

He said a methods specialist is the one individual with the time for analytic study of present methods and contemplative thinking. Complementing these with his opportunities for observing all the operations in the hospital, the methods specialist is best qualified to apply principles of Methods Improvements and to adapt them to hospital procedures, according to Simon.

Using a study just completed for the basis of her paper, Sister Susanna, C.S.J., St. Louis University, St. Louis, Mo., pre-



Gathering for the keynote session were (l. to r.): Seated, Archbishop Albert G. Meyer, Samuel Cardinal Stritch, and Bishop William A. O'Connor. Standing, John S. Hirschboeck, M.D., Msgr. Edmund J. Goebel, and Msgr. Robert A. Maher.

sented a discussion of techniques in a Methods Improvement Program which can be applied in the Dietary department. Sister defined the objective of any study as rendering better service at less cost. A step by step development of the methods used in making the study was given to acquaint delegates with the simplicity of conducting a Methods Improvement Program and assuring them of its importance in lowering costs and maintaining good dietary service.

The necessity of using common sense in Methods Improvement Programs was stressed by Sister M. Yvonne, S.S.M., Firmin Desloge Hospital, St. Louis, Mo. Every department head must keep her feet on the ground, her nose to the grindstone, and her eyes wide open until she has her department arranged for maximum efficiency, she said. She suggested common sense in initiating a program might include a simple analysis of placement of personnel, furniture, and equipment.

Close observation of the personnel at work during a set period of time was recommended as an aid in analysis of problems which cause inefficiency, low work production and added costs. Sister said that one does not have to be an expert to carry out a program of improvement, but a definite goal and steady work are important factors which lead to success.

Better Psychiatric Care: A Challenge

THE ROLE OF THE GENERAL HOSPITAL in "Meeting The Demand For Better Psychiatric Care" was discussed in a Tuesday sectional meeting presided over by Sister M. Wilhelmina, O.S.F., Sacred Heart Sanitarium, Milwaukee, Wis.

Dr. John J. Madden, Stritch School of Medicine, Loyola University, Chicago, Ill., outlined "The Halo Effect of Psychiatric Services in the Hospital." Citing a revival of interest in the field of psychiatry, he described the psychiatric units at Loretto and Mercy Hospitals in Chicago and the type of psychiatric program they offer.

Dr. Thomas Thale, of the St. Louis University School of Medicine, St. Louis, Mo., pointed out the value of an out-patient psychiatric service in the general hospital. He said the service may provide the following for a general hospital: diagnostic workups, consultations, and psychiatric treatment, both in-patient and out-patient. He stressed the growing need for out-patient psychiatric units which, he said, is not being met due to the shortage of professional personnel and the attitude of hospital staffs and administrators.

In order to attract physicians to psychiatric out-patient departments, he said hospitals must attempt to provide the following: 1) Facilities for record keeping; 2) An adequate library; 3) Opportunity for teaching; 4) Opportunity for research.

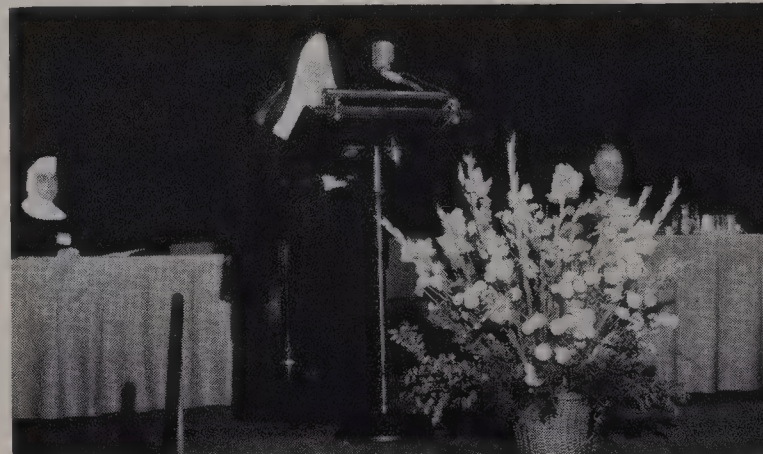
Alcoholics Need Hospital Care

A "STANDING ROOM ONLY" crowd Tuesday morning heard a discussion moderated by Sister M. Ignatia, C.S.A., St. Vincent Charity Hospital, Cleveland, Ohio, on the pressing subject "Caring for the Alcoholic in a Catholic Hospital."

OUTLINING A program for better psychiatric care are (l. to r.): Sister M. Wilhelmina, O.S.F., Milwaukee, Wis., presiding; John J. Madden, M.D., Chicago, Ill.; and Thomas Thale, M.D., St. Louis, Mo.



NURSES' AND HOSPITAL NEEDS SESSION (l. to r.): Sister Marybelle, O.S.B., Duluth, Minn., presiding; Sister M. Philippa, S.M., San Francisco, Calif.; Rev. Raymond F. X. Cahill, S.J., Worcester, Mass.; and Sister Grace Marie, Dayton, Ohio.



SPEAKERS at Tuesday's Obstetrics session (l. to r.): Herbert Ratner, M.D., Chicago, Ill.; Sister M. Theophane, S.C.M.M., Santa Fe, N.M., presiding; Donald A. Gallagher, Milwaukee (representing Julian Pleasants, Notre Dame, Ind.); and Florence G. Blake, Chicago, Ill.



AT A METHODS IMPROVEMENT program session (l. to r.): Ronald S. Simon, Chicago, Ill.; Celeste K. Kemler, Ada, Okla.; Sister M. Yvonne, S.S.M., St. Louis, Mo.; and Sister M. Susanna, C.S.J., St. Louis.



Dr. Leslie Kindschi described the treatment given acute and chronic cases of alcoholism at St. Clare Hospital, Monroe, Wis. He emphasized that the alcoholic has become the problem of general hospitals and their staffs and that the field of Geriatrics must be expanded to release hospital beds for "those patients that can be most benefited by nursing service." He said "many alcoholics fall into this category" and must be treated in the general hospitals without being stamped as a "leper," because of his addiction.

"The Alcoholic's Point of View" was the subject of a discussion by Mr. "K", a member of Alcoholics Anonymous. He described his own experience which included ■ gradual fall into the depths of alcoholism while his family suffered the effects of his disintegrating social, physical and financial condition. He told the group how AA had reclaimed his life, restored his family and given him a new start—as well as sustaining his will to continue.

Sister M. Blandine of St. Clare's described the alarming growth of alcoholism—"The American people spend millions each year to fight cancer, tuberculosis and polio. They spend \$9,885,000 to spread the virus that causes "alcoholism." She urged hospitals to reclaim souls lost through the alcoholic habit. She outlined steps, based on experience, to assist in formation of such a program.

Getting Our Babies Off to a Good Start

DEFINING INFANT WELFARE" was the theme of ■ paper read at ■ Tuesday morning obstetrics meeting for Julian Pleasants, University of Notre Dame, Notre Dame, Ind., who was detained by illness. His paper, read by Professor Donald A. Gallagher, Marquette University, made a strong plea for changing hospital viewpoints regarding childbirth. It urged co-operation of the father in the "drama and decisions of childbirth," and viewing delivery as a human event rather than a biological activity.

He stressed the necessity for initiative on the part of both parents in preparing the growing child with a sacramental view of life, and questioned the necessity of anesthesia in all childbirths.

On the same program, Florence G. Blake of the University of Chicago Pediatric Education Department expanded the subject "How Are We Meeting the Needs of Infants?" She urged a closer relationship between the mother and newborn child, beginning in the hospital. Early ambulation and the early reunion of entire families at the hospital are needs which involve problems of facilities and education, she said.

Dr. Herbert Ratner, of Loyola University's Stritch School of Medicine, called sedatives and anesthesia the greatest enemy of normal women and babies in modern obstetrics. He urged a return to the "... norms for normal delivery, which we must re-discover from Nature itself, authored by God."

Sister M. Theophane, S.C.M.M., of the Catholic Maternity Institute of Santa Fe, N.M., presided at the session with her usual aplomb.



EMERGENCY HOSPITAL CARE meeting speakers (l. to r.): William A. Regan; Sister M. Visitation, C.S.J.; Sister M. William, C.D.P.; Sister Rita Clare, C.S.J.; and presiding officer Mrs. Emilia S. Todd.

WEDNESDAY, MAY 23

Lives in the Balance: Emergency Service

SOME PERSONS were turned away from the packed hall where the Wednesday sectional meeting devoted to emergency room care was held. The subject, "Lives in the Balance," was briefly outlined by the presiding officer, Mrs. Emilia S. Todd, Little Company of Mary Hospital, Evergreen Park, Ill.

The first speaker, Sister Rita Clare, C.S.J., St. Mary's Hospital, Minneapolis, Minn., discussed the coverage of the emergency department in her hospital, with a house staff. Surgical, medical, and pediatric interns, she said, are available on a 24-hour basis. First aid treatment is rendered by the intern and the personal physician notified. If the physician is not on the staff of the hospital, the patient may either be transferred to another hospital or his physician may place him under the care of a hospital staff member.

The nursing staff includes a supervisor, head nurse, three registered nurses, three student nurses, two practical nurses, two nurses' aides and three messengers. The spiritual needs of the patients are under the care of a resident chaplain.

The second speaker, Sister M. William, C.D.P., St. Elizabeth's Hospital, Granite City, Ill., also spoke on the coverage of the emergency department but without a house staff. The responsibility for coverage rests with the staff doctors, she said, with each doctor assigned to specific days. If the patient has his own doctor, he is called in preference to the doctor assigned for the day, unless the patient's condition is critical.

Nursing supervision of the emergency department is under the operating room supervisor. Two nurses from the operating room assume responsibility for the care of emergency patients. Sister William also discussed many problems that are pertinent to the emergency department in a small hospital.

"Legal Aspects of Providing Emergency Service" was the subject of a report by William A. Regan, a Providence, R.I., attorney.

"Charges for Emergency Service" was the subject discussed by Sister Elise, S.C., treasurer-general of the Sisters of Charity, Mount St. Joseph, Ohio. She emphasized the necessity of the relationship between income and cost and discussed direct and indirect charges in detail. She said the establishment of good public relations relative to financial obligations must be assumed by all members of the emergency department, but in her opinion there are some duties that cannot be delegated by the administrator. She cited public relations in the area of the emergency department as one of these responsibilities.

The need for being prepared for major catastrophes and of being self-sufficient was emphasized by Sister M. Visitation, C.S.J., St. Mary's Hospital, Waterbury, Conn. When the flood struck Waterbury, she said the hospital was left without heat, light, water and gas. Immediate action was necessary to cope with this catastrophe to supply water, hot food, formulas for babies, clean laundry, and electricity. Generous assistance by many outside sources helped at Waterbury.

The formation of an emergency team which has been set up since that time was described by Sister Visitation. This team is divided into three divisions. The first division includes the supervisor of the out-patient department, the director of nursing service, the director of the nursing school, operating room and x-ray supervisors and a resident in surgery.

In the second division are the engineer, the housekeeper, the chauffeur, and one member of the maintenance department. The third division includes the pathologist, the dietitian, and the laundry manager.

Recommendations made by Sister Visitation to meet emergencies were:

1. Provision for an adequate emergency generator.
2. Inventory of general surgical supplies for trauma and burn cases.
3. Prepared foods included in the dietary supplies.
4. Inventory of paper supplies.

5. Available sources for trucking and dry ice.
6. Plan for the use of volunteers.
7. Coöperation with the Red Cross and Civil Defense.
8. Effective departmental plans.
9. Periodic review of the emergency team, making certain of accurate information concerning home addresses and telephone numbers.
10. *Most important*—have a plan that is simple and operative.

Small Hospitals' Problems

A WEDNESDAY MORNING MEETING devoted to "Small Hospitals and Their Problems" was marked by excellent attendance (some 400 persons) and a high rate of audience interest. The discussion proved that small hospital administrators are keenly aware of their specific problems and anxious to exchange ideas relative to these problems.

Participants included Sister M. Stephanie, S.S.C., Antelope Memorial Hospital, Neligh, Neb.; Sister Mary Margaret, St. Louis University, St. Louis, Mo., and Miss Mary C. Schabinger, Detwiler Memorial Hospital, Wauseon, Ohio.

The panel was conducted informally with Sister Rita Rose, O.P., of Rogers Memorial Hospital, Rogers, Ark., moderating. In a brief introductory talk, Sister Rita Rose said that problems in small hospitals do not necessarily reflect poor administration—but frequently problems arising from the very size of the hospital.

The panel members were representatives of hospitals ranging from 30 to 55 beds. The topics discussed were Medical Staff Organization, Financing Operation of the Small Hospital, and Winning Public Support for a Small Hospital. Each panelist related her problem, outlining what she had done to overcome it, and giving some of the difficulties involved in its solution.

Medical staff problems included discrimination against younger men by established physicians, failure on the part of doctors to write medical records, indifference to improvement of patient care through self-analysis or accreditation, and lack of interest in the hospital and its problems.

Many problems involved in the financing operation of the small hospital were cited

as resulting from such factors as a low percentage of occupancy, competition, lack of facilities, economic conditions, or prejudice.

In order to win public support for the small hospital, the panelists agreed administrators must get the community interested in the work they are doing. This may be done through publishing annual reports, establishing guilds and auxiliaries and having an active lay advisory board in the hospital organization.

Sister Margaret said that the small community is like a large family in which there are several keys to unlock the doors. It is essential to use each key in succession. She outlined these as:

Key No. 1 Feel the pulse of your community

Key No. 2 Mingle with the people

Key No. 3 Be interested in them. *Listen to them.*

The Executive Housekeeper in the Hospital

MRS. PATRICIA M. BOYER contended that hospitals can learn about housekeeping from hotels. Her address was a high point of the Wednesday sectional meeting on "The Executive Housekeeper in the Hospital." Mrs. Boyer is now executive housekeeper at Evanston Hospital, Evanston, Ill., and received most of her training in a hotel system.

She sketched the haphazard growth of housekeeping as a separate, autonomous department and reviewed a number of considerations determining the scope of operations of housekeeping departments. She said hospital housekeepers should be more aware of—and careful about—departmental costs, especially that of personnel.

She recommended continued, close scrutiny of purchasing, supplemented by daily records on which to base projected figures. She stressed the importance of an organizational chart and described the assistant housekeeper as the "key person in the department."

Mrs. Boyer discussed manipulation of personnel—hours, training, use of a standby crew, staggering, etc., as an important function of the executive.

Jane Barton, associate editor of *The Modern Hospital*, presented observations on

duties which must be planned "by both the calendar and the clock."

She amplified her thesis that "Housekeeping Calls for an Executive" with a discussion of the duties incumbent on hospital housekeepers and their importance to the hospital operation. She warned that even the most efficient housekeeper, who coördinates her "calendar and clock" activities, must allow for emergencies "without which no housekeeper's day is complete."

In her argument for vesting housekeepers with executive authority, she outlined several advantages obtaining from an efficient housekeeping department, manned by a competent, well-supervised staff to the general hospital service.

Mrs. Margaret Salm, executive housekeeper at the Veterans Administration Hospital, Wood, Wis., presided at the session.

Social & Legal Aspects of Adoption

REV. JOHN A. TRESE, Cardinal's representative for hospitals of the Archdiocese of Detroit, moderated a Wednesday morning discussion on the "Social and Legal Aspects of Adoption."

Rev. Joseph Springob, diocesan director of charities, Milwaukee, focused attention on the adoptive child's rights and needs in his discussion of "Social Considerations in Adoption." He emphasized that Catholic social agencies extend their objectives to the "final goal of providing for a child an opportunity to know, love and serve God." Selection of adoptive parents, he said, requires consideration of many elements, including the physical, emotional, intellectual and religious.

Protection of rights of adoptive parents and children, he said, can best be assured through the facilities of a qualified social agency, which has the contacts, experience and resources. He warned that prospective adoptive parents who "collaborate with non-agency placements often are coöperating in illegal and immoral actions."

Eugene Haertle, director and treasurer of Catholic Family Life Insurance, Milwaukee, discussed "The Legal Aspects of Adoption." He reviewed pitfalls of illegal, non-agency adoptions from a legal standpoint and gave opinions on problems brought up in a lively question and answer period which followed the formal presentation.



ADOPTION was the topic discussed by (l. to r.): Eugene Haertle, Rev. Jos. Springob and Rev. John A. Trese.

MRS. PATRICIA M. BOYER (l.) talks on Housekeeping as co-panelists Mrs. Margaret Salm and Miss Jane Barton (r.) look on.



INFORMING THE PUBLIC was discussed by (l. to r.): Sister M. Rosalie, S.C.; Sister M. Eucharia, S.M.; and Sister Mary Paula, D.S.P.

Father Trese used examples from his experience in Detroit to plead for greater understanding of the mental and emotional needs and rights of unwed mothers, whom he characterized as "forgotten people" in many adoption cases.

All the speakers urged administrators and those in official positions in hospitals to constantly stress the need for deliberation and careful consideration in the adoptive process. Haste, they agreed, often leads to heartbreak and tragedy.

The Word, the Way and the Public

WAYS AND MEANS of telling the Catholic hospital story were described by speakers in the Wednesday morning public relations session—"The Word, the Way and the Public." Father Walter Flaherty of the Boston Archdiocese showed how TV could be used to show and tell the story of charity, compassion and spirituality in the Catholic hospital through films showing handicapped children making their first Holy Communion. He showed films of the workshop for nuns which he conducted last fall in which the Sisters actually ran the show from writing the script to acting to manning the cameras.

Sister Rosalie, director of Radio and TV in the Archdiocese of Pittsburgh and director of a Radio-TV school pointed out that public relations begins with personal influence, radiated by "the 1,000-watt station that each carries around within himself." A few tips she listed in using radio were: Have something to *tell* (not to *sell*); Listen for programs that have guests and approach the station for time; Contact the station through someone who has that "radiation" voice quality if it's a telephone request or a radiant voice and appearance if it's a personal appointment; Plan well and present a summary of the idea.

She pleaded with the hospitals to approach the TV or radio station *early* keeping in mind that good shows are planned far in advance and cannot be pre-empted to make way for the hospitals' special promotion at the last minute—regardless of how friendly the station and its personnel might be to the hospital.

Sister Mary Paula of the Daughters of St. Paul, Derby, N.Y., described the way in which her order was established to

spread the Word to all the people through all available media of mass communication. She said hospitals could tell their story through the Catholic press, the public press, pamphlets, books, personal contact, and through radio, films and TV.

Sister M. Eucharia, S.M., Sisters of Mercy Motherhouse, Burlingame, Calif., presided at the meeting.

Rehabilitation: The Team Approach

STAFF MEMBERS of the Physical Medicine and Rehabilitation Service discussed their roles in the rehabilitation of patients at the Wood Veteran's Administration Hospital near Milwaukee before a group of some 150 delegates in a Wednesday morning session. After an introductory address by Ray Piaskoski, M.D., director of the Service, Dr. Paul Dudenhoefer presented five patients as a representative sampling of physically handicapped individuals.

The presentation was patterned after the weekly staff conferences held at the hospital with contributions from members of the rehabilitation team. The team consisted of a charge nurse, physical therapist, occupational therapist, social worker and vocational counselor. Each discussed his role in the rehabilitation of the patients participating. The patients demonstrated skills they had learned or developed in overcoming disabilities.

REHABILITATION TEAM before demonstration (l. to r.): Daniel H. Strelnick, Dorothy A. Bleyer, John Suttinger, Desmond O'Connell, Joan Blonien, Paul A. Dudenhoefer, M.D., all of Wood, Wis., and Ray Piaskoski, M.D., Milwaukee.



Dr. Piaskoski pointed out that chronic illness and disability has been termed America's number one medical problem and surveys have indicated one and one-half to two million disabled could benefit vocationally or in enjoying a more normal life. While the primary objective of any rehabilitation program is to restore a patient to the status he occupied prior to his illness or injury, he said this is impossible in many cases and the patient must be retrained for some new vocation within the limits of his abilities and disabilities.

LOST & FOUND DEPARTMENT

Still unclaimed after the 41st Annual Convention were:

- 2 Pairs of black gloves, size 6½
- 1 Divine Office—*Officium Parvum Beatae Mariae Virginis*
- 1 Leather bound copy of *Rosary Novenas to Our Lady*
- 1 Black Rosary
- 1 Rosary case with several medals enclosed
- 1 Scripto pen
- 1 Crucifix with skull

New purchases — Rosary case; light blue holy water bottle; black Rosary; laminated Scapular.

These articles may be recovered by writing Lost & Found Dept., Room 103, The Catholic Hospital Association, 1438 South Grand, St. Louis 4, Mo.

A well-organized, dynamic program of rehabilitation can salvage, he said, many severely disabled patients who otherwise might be doomed to a wheelchair or bed-fast existence.

It was pointed out that the rehabilitation of patients can be achieved without a complete rehabilitation team. Other hospital personnel, by using ingenuity and by consulting books on the subject may still help the patient where the desirable personnel are not available. Community social agencies can often be helpful in working out the patient's social problems and in obtaining equipment needed in the rehabilitation of care of the disabled, the team advised.



PRESIDING AT an auxiliary session was Mrs. Irene Scanlon, Jacksonville, Fla., assisted by Mrs. E. R. Kersting, Evansville, Ind.



LEADING DISCUSSION to exchange ideas are Auxiliary members Mrs. J. N. Toole and Mrs. A. B. Doyle.

HEART AND HAND of the Hospital" was the theme of the fifth annual conference of hospital guilds and auxiliaries May 22-23.

Chairman of the opening session, attended by representatives from 15 states, was Mrs. A. B. Doyle, Our Lady of Lourdes Hospital, Camden, N.J. Mrs. Donald W. Calvy, president of the Women's Auxiliary, St. Joseph's Hospital, Milwaukee, Wis., and Rev. John J. Flanagan, S.J., Executive Director of The Catholic Hospital Association, welcomed the group.

Miss Jean Read, Secretary of the Council on Hospital Auxiliaries, discussed the work of the Association, its structure, and the relation of auxiliary help to the overall administration of the member hospitals these organizations serve. The film "The Dedicated," produced by the Association

depicting the history of Catholic hospitals, was shown.

The afternoon session of the first day of meetings was devoted to group discussions entitled "Let's Exchange Ideas." Leaders for these sessions were: Mrs. Joseph H. Louis, St. Francis Hospital, Wilmington, Del., Mrs. J. N. Toole, St. Mary's Hospital, Milwaukee and Miss Irene Scanlon, St. Vincent's Hospital, Jacksonville, Fla.

The Wednesday morning session was a breakfast meeting, chaired by Mrs. Joseph Hurley, St. Vincent's Hospital, Toledo, Ohio. E. W. R. Grace, Executive Officer of St. Vincent's Hospital, Melbourne, Australia, was guest speaker for the occa-

sion. He discussed auxiliary activities in his country and described the function of Australian hospitals.

Mrs. Raymond E. Kersting, St. Mary's Hospital, Evansville, Ind., presided at the summaries of the group discussions of the previous day. Mrs. H. C. Hasenberg, St. Catherine's Hospital, Kenosha, Wis., conducted a forum entitled "We Did It . . . So Can You!" Discussion covered fund raising, volunteer service and public relations projects.

The program was concluded by a visit to St. Mary's and St. Anthony's Hospitals. Delegates took special interest in the gift shops by the auxiliaries.

AUXILIARIES

THANKS TO CONVENTION REPORTERS

We are indebted to the following reporters for much of the Convention material appearing in these pages as well as copy for the *Daily Bulletin* (complete sets of which are still available upon request.)

Rev. J. G. Bell
Wheeling Hospital,
Wheeling, W. Va.
Brother Augustine, C.F.A.
Alexian Brothers Hospital,
Chicago, Ill.
Sister Marybelle, O.S.B.
St. Mary's Hospital, Duluth, Minn.
Sister M. DePaul, C.S.J.
St. Anthony's Hospital,
St. Louis, Mo.
Sister Rita Rose, O.P.
Rogers Memorial Hospital,
Rogers, Ark.
Sister Mary Columba, O.S.B.
St. Mary's Hospital, Dermott, Ark.
Sister M. Rebecca, O.S.B.
St. Benedict's Hospital, Ogden, Utah
Sister Aloysius Marie, S.S.M.
St. Mary's Hospital, Madison, Wis.

Sister Mary Agathon, R.S.M.
Mercy Hospital, Janesville, Wis.
Sister M. Thomas, O.S.F.
Marquette University College of
Nursing, Milwaukee, Wis.
Sister Mary Venard, C.S.A.
Providence Hospital, Columbus, S.C.
Sister Mary Ethel, R.S.M.
Mercy Hospital, Hamilton, Ohio
Sister Gertrude of Providence, F.C.S.P.
Providence Hospital, Seattle, Wash.
Sister Mary James, C.C.V.I.
Santa Rosa Hospital,
San Antonio, Tex.
Sister Charles Adele, S.C.N.
St. Vincent Infirmary,
Little Rock, Ark.
Mrs. Margaret Salm
V.A. Hospital, Wood, Wis.

Sister Joan of Arc, S.C.L.
Providence Hospital,
Kansas City, Kans.
Sister M. Ignatia, C.S.A.
St. Vincent Charity Hospital,
Cleveland, Ohio
Sister Daniel Marie
St. Francis Hospital, Hartford, Conn.
Sister Josephine
DePaul Hospital, St. Louis, Mo.
Sister Marie Finbarr, O.S.F.
St. Mary's Hospital,
Waterbury, Conn.
Sister Mary James, D.C.
DePaul Hospital, St. Louis, Mo.
John Suttinger
V.A. Hospital, Wood, Wis.
Frank D. Murphy
Associated Hospital Services,
Milwaukee, Wis.

INSTITUTES & CONFERENCES



PHARMACISTS Monday heard (l. to r.) Rev. Trafford P. Maher, S.J.; Sister M. Rebecca, O.S.B.; and AMA Journal editor, Austin Smith.

EIGHTH ANNUAL INSTITUTE FOR HOSPITAL PHARMACISTS

THE EIGHTH ANNUAL INSTITUTE for Hospital Pharmacists opened Saturday morning at the Milwaukee Auditorium, two days in advance of the Association's 41st Annual Convention. M. R. Kneiff, Executive Secretary of the Association, welcomed the participants on behalf of Association President Msgr. Robert A. Maher, Toledo, Ohio.

Sister Marian, S.C., chairman of the Committee on Hospital Pharmacy Practice, St. Elizabeth's Hospital, Elizabeth, N.J., presided at the initial session. She introduced Dell A. Olszewski, St. Luke's Hospital, Milwaukee, Wis., who extended the greetings of the Wisconsin Society of Hospital Pharmacists. President Paul Parker of the American Society of Hospital Pharmacists, Washington, D.C., was on hand to congratulate the group. He expressed appreciation for the active participation of C.H.A. pharmacists in the work of the A.S.H.P.

A highlight of the morning session was Dr. H. D. Kautz's address on "Trends in Drug Therapy." Dr. Kautz, secretary of the A.M.A. Council on Pharmacy and Chemistry, Chicago, Ill., pointed out that these trends are reflected by the types and varieties of drugs developed. He said there

is activity in every subdivision of pharmacology; antihistaminics, anti-infective agents, cardiovascular drugs, ataractic drugs, central nervous system depressants, hormones, drugs used in neoplastic diseases, and immunizing agents. This rapid advance has necessitated a change in the policy of the Council on Pharmacy and Chemistry of the American Medical Association relative to the evaluation of drugs, he said. Under the new system each basic new drug is evaluated, rather than specific brands as in the past. This permits better coverage and leaves the Council free to discuss drugs which are still in the experimental phase of development.

Dr. Robert P. Fischelis, Washington, D.C., secretary of the A.P.A., in his discussion of voluntary approval of internships, remarked that the American Council on Pharmaceutical Education is not a policing but a guiding agency. He stressed the fact that arbitrary standards are not desirable. He outlined eight points to be considered for a successful internship program: 1. The preceptor's thorough knowledge of the profession; 2. Pre-, post-, and current professional training of the applicant; 3. The intern's selective participation in pharmaceutical organizations; 4. Integration with other programs of the institutions; 5. A well-defined, written program; 6. Self-appraisal and rating, worked out in cooperation with the administrator; 7. Reciprocation, when necessary, with other

hospital pharmacies; and 8. Cooperation with existing evaluating agencies.

"The Pharmacy Audit" was discussed by Clifton Latiolais, University Hospital, Ann Arbor, Mich., who outlined the background, purpose, objectives, plan and significance of the audit. He said the ultimate aim is to provide better patient care through a more complete understanding of the pharmaceutical services required and its success is dependent upon the cooperation of all.

Robert C. Bogash, Lenox Hill Hospital, New York, N.Y., spoke on control systems employed in bulk compounding and pre-packaging. He stressed the importance of maintaining simple but adequate records in order to insure maximum protection to the patient.

Dr. Victor E. Levine's presentation of the relationship of drugs to nutrition was both enlightening and entertaining. Dr. Levine of Creighton University, Omaha, Nebr., explained that many drugs cannot exert their optimal effects in the presence of nutritional deficiencies, but good nutrition promotes physical, mental and emotional health. The gradual operation of constant though disregarded causes undermines health more frequently than any great and spectacular event, he said.

The large number of prescriptions for products of dietary origin, vitamins, and minerals, call for a thorough knowledge of the science of nutrition on the part of the pharmacist, according to Dr. Levine.

Sister M. Florentine, C.S.C., Mount Carmel Hospital, Columbus, Ohio presided at the Sunday morning session on "Administration and Accreditation."

The Hospital Formulary Service of the A.S.H.P. is well on its way toward becoming a reality, according to Dr. William M. Heller of the University of Arkansas Medical Center at Little Rock, Ark. To implement this service, he said the special Committee on Pharmacy and Pharmaceuticals has been set up. The name more nearly describes the scope of the committee by implying the research and development of pharmaceuticals necessary to compiling the Formulary. The committee of five members was formed to promote better patient care by improved use and handling of pharmaceuticals by the pharmacist, nurse and doctor.

Current plans for the development of the Formulary are to print the monographs, no more than one to a sheet, for inclusion in a looseleaf binder. Dr. Don E. Francke's "Hospital Formulary of Selected Drugs" will be used as the basis of the monographs. It is anticipated that this service will be available early in 1957.

Detective Milton E. Lang of the Milwaukee Narcotics Squad explained some of the problems of addiction and traffic in



REPRESENTATIVES of Councils, Committees, Conferences and associated groups fill the Milwaukee Auditorium stage at a Wednesday session, "YOU—THE CATHOLIC HOSPITAL ASSOCIATION."

narcotics. He said continuing effort should be directed towards rehabilitation and control. Addiction and crime go hand in hand, he said, and constant vigilance is the price of successful control of narcotics.

The relationship of the practice of pharmacy in hospitals to the accreditation of pharmacy departments has always been through the medium of "Minimum Standards," according to Paul Parker, who discussed accrediting hospital pharmacy service. He said that five principles elaborated by Dean Spease in 1935 continue to obtain today but the practical application of these principles requires pharmacists who practice by design rather than by accident.

The increasing development and use of ataractic drugs necessitates the pharmacist's familiarity with the chemistry and pharmacology of this important group of new drugs. Dr. Edward J. Ireland, professor of Pharmacognosy and pharmacology at Loyola University College of Pharmacy, New Orleans, La., laid the background in Sunday's afternoon meeting for the understanding of these drugs by reviewing the hallucinogenic drugs which produce transitory mental aberrations.

He said, "It would appear that we are only at the threshold of a vast storehouse of possible ataractic preparations. As more observations and deductions are made from the use of the present ataractic drugs, new discoveries will be made. While the modern ataractics counteract only the secondary symptoms of mental diseases such as anxiety, aggression and negativism, it is not too much to expect that perhaps a psychiatric specific may be in the offing."

"Medication Costs—and the Patient" presented by Mr. Daniel Moravec, Lincoln General Hospital, Lincoln, Nebr., stimulated lively discussion by the audience. Moravec asserted that the pharmacy should not be required to fill up the deficit created by other departments in the hospital, but should realize its profits from efficient management within the pharmacy department itself.

A panel discussion on "Purchasing and Inventory Control" stressed the importance of these two factors in hospital pharmacy administration, since pharmacy purchases account for approximately 30 per cent of total hospital purchases. Quality, service, price, terms and conditions of sale should determine the supplier.

Inventory controls were defined as the art of having enough stock to operate comfortably, but not too great a surplus. Improper inventory controls were blamed for bankruptcy in many instances. Good purchasing records, available funds, and co-

operation among pharmacy, nursing, and medical staff are all important elements in the science of inventory control, the panel concluded.

The purpose in writing scientific or technical papers for publication is to provide new data, review old data or serve as a reminder, Dr. Austin Smith, editor of the *Journal of the A.M.A.*, Chicago, Ill., told the session on "Effective Communication." Sister M. Rebecca, O.S.B., St. Benedict's Hospital, Ogden, Utah presided.

When an editor receives a paper, he asks: "Does it make a contribution? Is it clear, well-written, and does it prove its points? Is it a duplication of previously published material?" It is not an editor's function to re-write articles but to improve the techniques of mechanics in communication.

Rev. Trafford Maher, S.J., St. Louis University, St. Louis, Mo., gave an enlightening discussion of how to understand and get along with others. Getting along with others is strictly an interpersonal relationship, he said. It is important to understand that every human being has five basic needs which must be satisfied: 1. Security; 2. Acceptance; 3. Affection; 4. Recognition and prestige; and 5. Sense of achievement.

Father Maher defined the ability to love as the ability to establish quick, warm, working relationships with people, and to

trust a wide range of persons without suspicion. The ability to work he defined as predictably and habitually to produce somewhere near the level of one's capacity. He said the ability to love and to work enables one to get along well with others.

Mrs. Evelyn Gray Scott, St. Luke's Hospital, Cleveland, Ohio described a two-week course in radio-isotopes in which he had participated and said the time is opportune for pharmacists to assume their proper role in this field. Once we understand the basic principles, radio-isotopes are no more complex than many of the drugs routinely handled.

She said the future of radio-isotopes lies in the field of research, since their destructive nature limits their usefulness in the diagnosis and treatment of disease.

"The Law of the Hospital Pharmacist" was explained by Dr. George F. Archambault, Chief, Pharmacy Branch, United States Public Health Service, in meeting at which Sister M. Franciscana, O.S.F., St. Joseph's Hospital, Memphis, Tenn. presided. He said that if they are to remain free from liability, hospital administrators and pharmacists must keep reviewing laws, regulations, minimum standards and "house policies"—and insist that they be enforced.

Investigational drugs should be closely supervised and used only with the voluntary consent of fully informed patients. Proof of sufficient animal experimentation



U.S.P.H.S. Pharmacy Branch Chief George F. Archambault (l.) confers with presiding officer Sister M. Franciscana, O.S.F.; and Paul C. Bjerke.

must be provided, and there must be proper hospital and medical management. Definite rulings concerning "p.r.n." and "Use as directed" orders are a must he said. Serious errors have occurred through the patient's failure to understand oral orders properly.

With regard to the manufacturing of pharmaceuticals in hospital pharmacies, he cautioned that preparations covered by patent rights cannot be manufactured legally by one not holding the patent right. Chlorophyll ointment was cited as an illustration.

In most states, he said, prescriptions are not considered "privileged communications" after they have been submitted to the pharmacist. They become the property of the pharmacist after he has filled them. But since destruction of a prescription may be used as presumption of guilt, all prescriptions should be filed carefully.

The use of generic instead of brand names for drugs does not constitute substitution if the medical staff of the hospital has agreed to use drugs under their generic titles.

Paul G. Bjerke, chief pharmacist at Luther Hospital in Eau Claire, Wis., explained how the pharmacist can be a valuable consultant and source of information to others on the hospital team. Willingness to give the necessary time is of primary importance in this function.

A good pharmacy library is essential, since the pharmacist must have ready sources of information. It is often as important to know where to find information as actually to know it. The speaker distributed an excellent list of sources of information.

An interesting panel on solving problems in the small hospital pharmacy was moderated by Dr. Archambault. The Sister-participants related their experience in solving such problems as converting a drug room to a professional pharmacy, developing a formulary, purchasing and inventory controls, maintenance of literature files, handling drug shortages, etc.

Sister Francine, O.S.F., chief pharmacist at St. Francis General Hospital and Re-

habilitation Institute, Pittsburgh, Pa., described the development of the Pharmacy Procedural Manual in her hospital. She said the first requisite is to develop an outline containing all the essentials which should be found in a manual and the ultimate aim is to offer maximum service with minimum personnel.

The Institute concluded with a business meeting at which Sister M. Franciscana, O.S.F., was installed as chairman of the Committee on Hospital Pharmacy Practice for the coming year. Sister Florence, pharmacist at Providence Hospital, Washington, D.C., was nominated as the fifth member of the Committee. She replaces the outgoing member, Sister Marian.

RESOLUTIONS

To express appreciation to the many persons who cooperated to make this year's program such an outstanding event, the Pharmacy Committee recommended and the Institute passed resolutions of gratitude to Mr. Dell Olszewski and the Wisconsin Society of Hospital Pharmacists for kindness and thoughtfulness in arranging hospitality for the visiting pharmacists; to Dr. Robert P. Fischelis of the American Pharmaceutical Association; to Mr. Paul Parker of the Division of Hospital Pharmacy of the American Pharmaceutical Association and President of the American Society of Hospital Pharmacists.

To recognize the service to hospital pharmacy of pioneers whose contributions have been significant, the Institute unanimously authorized a citation to Sister Mary Ludmilla, S.S.M., of the Sisters of St. Mary, St. Louis, as the first treasurer of the American Society of Hospital Pharmacists; and another to Sister Mary John, R.S.M., of Mercy Hospital, Toledo, Ohio, in recognition of her leadership in pharmacy education.

To record the loss of two leaders in hospital pharmacy who were active in the work of the Catholic Hospital Association, the participants in this year's Institute prepared expressions of sympathy for the families of Oliver J. Steppig, late consultant to

the Association's Committee, and Dr. Hugh Muldoon, formerly dean of Duquesne University School of Pharmacy.

In the area of hospital pharmacy, the Committee and the Institute passed resolutions to the formulation of an outline for administrators of small hospitals in their relationships with retail pharmacists, to pharmacy internships and residencies urging qualified hospitals to become interested in this special field of professional education, and to the use of professional pharmacists only for the dispensing of drugs.

Finally, the participants in the Institute formally thanked their superiors and administrators for granting them permission to attend such Institutes and Conferences as this year's presentation.

THIRD ANNUAL INSTITUTE ON HOSPITAL PURCHASING

THE THIRD ANNUAL INSTITUTE on Hospital Purchasing in connection with The Catholic Hospital Association's Annual Convention was well attended by approximately 215 people representing 37 states and Canada. The two-day institute opened on Saturday. Rt. Rev. Msgr. Robert A. Maher, President of the Association, extended greetings to the purchasing group and presided at the opening session. Paul V. Farrell, managing editor of *Purchasing*, New York, N.Y., spoke on "New Horizons in Purchasing."

John T. Adams, director of purchasing, Loretto Hospital, Chicago, Ill., discussed "Keeping Department Heads Informed of New Equipment and Supplies." He pointed out that product standardization and simplification are some of the benefits to be derived from this informative function and said it would facilitate the development of closer working relationships among the various departments within the hospital. The concluding speaker for the morning session was Rt. Rev. Msgr. Donald A. McGowan, director of the Bureau of Health and Hospitals, National Catholic Welfare Conference, whose topic was "Hill-Burton Act and Ford Foundation Funds." He briefly reviewed the future of Hill-Burton Funds and offered suggestions for applying for Ford Foundation Funds.

The Saturday afternoon session was devoted to various phases of purchasing with Sister Mary Juliana, R.S.M., procurator, Mercy Hospital, Chicago, Ill., presiding.

Kenneth A. Plagman, purchasing agent, St. Vincent Charity hospital, Cleveland, Ohio, discussed the "Using General Stores Catalogues." Sister Clarissa, S.C.N., purchasing director, St. Vincent Infirmary, Little Rock, Ark., spoke on "Purchasing Office Policies and Manuals." Francis J. Bath, assistant administrator, Creighton Memorial-St. Joseph's Hospital, Omaha, Neb., reviewed the various types of printing and duplicating equipment which can be utilized in a hospital. He said that a hospital might economically justify the purchase of printing or duplicating equipment if it currently paid \$500 or more for printed forms per month. The final two talks were given by William M. Pierce, executive secretary, American Association of Hospital Accountants, whose topic was "Improved Integration



A LIGHTER MOMENT during a Sunday panel at the Purchasing Institute. (L. to r.): E. C. Wolf, Rochester, Minn.; J. J. Egan, Weehawken, N. J.; Presiding Officer Sister Helen, D.C., San Jose, Calif.; Sister Elise, S.C., Mt. St. Joseph, Ohio; Francis J. Bath, Omaha, Neb.; and William A. Regan, Providence, R. I.



Editor of *Purchasing*, Paul V. Farrell, New York, N.Y., addressed the Purchasing Institute.

with Accounting," and F. James Doyle, Associate Editor, *HOSPITAL PROGRESS*, St. Louis, Mo., who spoke on "Writing for Hospital Periodicals."

The theme for the Sunday morning session was "Responsibilities of the Purchasing Agent." E. C. Wolf, director of purchases, St. Mary's Hospital, Rochester, Minn., presided at the session, the first speaker of which was Joseph A. Heeb, purchasing agent, Sisters of St. Joseph, Wichita, Kan. He addressed the group on "Purchasing and Safety," reminding delegates of the vital role they play in the safety program of a hospital. Daniel F. Luce, purchasing agent of St. Mary's Hospital, Minneapolis, Minn., followed with a talk on "Reporting to Management." William A. Regan, LL.B., Providence, R.I., completed the program with a discussion of "Legal Aspects of Purchasing."

Presiding at the closing session on Sunday afternoon was Sister Helen, D.C., administrator, O'Connor Hospital, San Jose, Calif. J. J. Egan, president of Hospital Industries' Association, gave advice about "Getting the Most Out of Suppliers' Exhibits." There followed a panel and audience discussion of hospital purchasing practices and current buying problems. Panelists were Sister Elise, S.C., treasurer general, Sisters of Charity, Mt. St. Joseph, Ohio; Sister Mary Juliana, R.S.M., procurator, Mercy Hospital, Chicago, Ill.; Francis J. Bath; E. C. Wolf; Joseph A. Heeb; William A. Regan; and J. J. Egan. Keen audience interest in this panel was evidenced by the volume of questions submitted and the active participation of the group in all topic discussions.

William H. Markey, Secretary, Council on Financial Management, Catholic Hospital Association, made the closing remarks.

FIRST ANNUAL CONFERENCE ON DIETETICS

THE FIRST MEETING opened with Sister Mary Agathon, R.S.M., Mercy Hospital, Janesville, Wis., presiding. She presented Sister Vincent de Paul, C.S.J., who welcomed an enthusiastic group of some 125 dietitians. Sister Vincent de Paul is chairman of the Committee on Dietetics for The Catholic Hospital Association and chief

dietitian at St. Joseph's Hospital, Kansas City, Mo.

The first talk, a most useful and practical one, was presented by W. I. Christopher of the C.H.A. Central Office staff. He showed lines and channels of authority to be followed in efforts to promote and develop "Inter- and Intra-Departmental Relationships."

"Can In-Service Programs Help You?" was the subject of a presentation by Sister Margaret Gertrude, S.C.L., chief dietitian, St. Joseph's Hospital, Denver, Colo. Sister used a personnel-training film from the Army Film Library depicting the harm that germs can do in food handling. She stressed the necessity of employee training programs in our hospitals and outlined a four-point program of actual instruction.

Dagmar Tuomin, president of the Wisconsin State Dietetic Association, presented an informative paper on the "Use of Evaluation Techniques for In-Service Programs." She used slides showing actual figures and statistics of her own hospital situation. To demonstrate that evaluation is the comparison of what has been done with the objectives, Miss Tuomin pointed out that evaluation can be successful if four steps are followed:

1. Collect information or gather facts;
2. Analyze and interpret the facts;
3. Repeat the results of the evaluation;
4. Act upon the evaluation findings.

A worth-while discussion from the floor followed.

Joint C.C.S.N. Dietetics Panel

Sister M. Thomas, O.S.F., dean of the Marquette University College of Nursing, presided at a Saturday afternoon joint panel session of the Conference of Catholic Schools of Nursing and the Committee on Dietetics devoted to "Correlation of Diet Therapy in the Basic Nursing Program." The panel, led by Sister M. Donata, O.S.F., Cardinal Stritch College, Milwaukee, included Sister M. Cletus, S.S.M., St. Mary's Hospital, Madison, Wis., Sister Xavier Miriam, St. Vincent's Hospital, New York and Sister M. Carolyn, Good Samaritan Hospital, Cincinnati, O., and Patricia Finn, R.N., St. Mary's Hospital School of Nursing, Milwaukee.

Sister Donata laid the groundwork for the discussion with comments about the concern of hospital officials over the notable lack of student interest in nutrition, cookery and diet therapy courses in the nursing curriculum. She said current thought leans to the belief that content of courses can be pared through proper correlation of normal nutrition with diet therapy.

Associating the basic tenets of diet therapy with practical, patient-centered problems has proved effective, she said, such as demonstrating the role that the iron element in food plays in treatment of anemia.

The panel discussants reviewed new trends in methods and techniques of teaching and newer practices in planning for and providing experience. They said emphasis has changed from service needs of the dietary department to emphasis on the educational needs of the student.

It was brought out that in a number of schools cookery experience in normal nutrition has been totally deleted. In some schools diet kitchen experience has been

eliminated as a block experience and instead has been correlated with medical and surgical nursing and with the specialties. The student gives care to the patient, plans and writes his diet (a therapeutic diet), serves his tray, observes food habits and teaches the patient by explaining his dietary needs. At a weekly conference all the needs and problems of the patient are discussed with the clinical instructor, the dietitian and others participating.

The panel agreed that it may be possible to reduce the length of normal nutrition and diet therapy courses to one-third their present length in terms of class hours, when repetition is eliminated, the cookery laboratory is deleted and normal nutrition correlated with diet therapy. The student cannot be overburdened with theory if she is to spend time on the ward giving care to selected patients. But unless she has some clinical assignment her learning experience will not be patient-centered.

This type of experience will require a great deal of planning by the clinical instructor and the dietitian, as well as close supervision, the panel decided. It calls for the full-time services of a teaching dietitian, and this presents budgetary problems. The need for individual schools to study their own curriculum pattern, their resource and facilities with a view to a realignment of courses and fusion of subject matter was indicated by the results of the discussion.

Food service problems in small hospitals were the subject of a Sunday morning meeting over which Sister M. Venard, C.S.A., chief dietitian, Providence Hospital, Columbia, S.C., presided. She said the basic problems of all hospitals were "pleasing two distinct groups, the patients and hospital personnel." The responsibility of dietary personnel is the same in any size hospital, she said, to "purchase, prepare and serve good, attractive, appetizing food to all guests of the hospital."

PURCHASING DISPLAY is inspected by program participant, Joseph W. Heeb.





LISTENING INTENTLY at the opening session of the Dietitians' Institute are (l. to r.): Dagmar W. Tuomin; Sister Margaret Gertrude, S.C. L., Sister Vincent de Paul, C.S.J., and the presiding officer, Sister M. Agathon, R.S.M.

That the dietitian can be relieved of some of these problems and responsibilities by training food service supervisors was brought out forcibly by Sister Rose Genevieve, C.S.J., assistant director of dietetics Fontbonne College, St. Louis, Mo. in her discussion "Why Not Train Food Service Supervisors?" She said that with the present shortage of dietitians and a future that doesn't look too bright, it has become necessary to relieve the dietitian of those chores that can be performed efficiently by *well-trained* non-professional personnel.

Where the professionally qualified dietitian is on duty, there is a definite need for her services to provide administrative control, teaching, patient contact and professional or community liaison. Much responsibility is being centered in the food service supervisor, and many tasks in food production and service have been delegated to her.

Another way to relieve the shortage of dietitians while developing more efficient food service for small hospitals was defined by Mrs. Betty D. Hoover, Rush Memorial Hospital, Rushville, Margaret Mary Hospital, Batesville, and Fayette Memorial Hospital, Commerceville, all in Indiana.

The hospitals must be small, she said, and within easy commuting distance.

All participating hospitals must cooperate with each other in sharing the dietitian, she said, making it possible for her to be present for special meetings and functions held on days which are not her regular days at that particular hospital.

The hospitals must provide capable and willing kitchen supervisors, who are the key employees in this type of service, and must give the dietitian full staff status and privileges.

"Menu Planning for Small Hospitals," as developed by Sister M. Alma, administrative and therapeutic dietitian of St. Joseph's Hospital, Mitchell, S.D., has always been an important factor in "Developing More Efficient Food Service for Small Hospitals."

The purpose of meal planning is to contribute to the health and well being of the persons served, by providing foods essential for good nutrition. The aim of all who plan meals is to serve the best meal possible at the lowest possible cost. To do this, meal planning is necessary in the hospital of any size. Sister Alma presented the

following factors to consider in writing a well-planned menu: 1. Meals must be nutritionally adequate; 2. The age, needs and food habits of patients and personnel being served must be known; 3. Flavor, contrasts of texture and color in preparation methods are essential; 4. Economy must be maintained in food and labor; 5. The menu cannot be more elaborate than facilities permit; 6. The type of food service in use will affect the planning.

The theme of the first Sunday panel on "Joint Inter-Departmental Staff Activities" stressed a better understanding and closer relationship among each group of the medical team. Robert Jones, administrator of Waukesha Memorial Hospital, Waukesha, Wis., described the formation at one hospital of a committee, known as the inter-professional committee, "to help make the doctor a part of the team." He called it "one of the best tools I have ever seen to develop this team relationship."

He said the committee was composed of representatives of administration, nursing, student nurses, house staff, medical staff, and on occasions representatives of other departments such as dietary, pharmacy, laboratory and x-ray, etc. "At these meetings various problems relating to interprofessional or inter-departmental matters related to patient care or to hospital operations were discussed and solutions developed. He also stressed the need for closer relationships between department heads to solve minor difficulties privately.

Dr. William Coffey of St. Joseph Hospital, Milwaukee, Wis., emphasized the need of a deeper realization of the responsibility of each member of the medical team in the total care of an acutely-ill patient. For example, in the case of a severe coronary occlusion patient, he said, the doctor's orders must be followed to the exact letter and everyone must understand what he means—and the doctor must be specific in his orders.

Ellen Weller of the Marquette University College of Nursing, Milwaukee, Wis., also elaborated on the need for complete cooperation among all members of the medical team. She said that although the nursing department is usually the largest department of the hospital and is in closest contact with the patient, "It is wise for the nursing personnel and the administrators of nursing service to remember that they are members of one group of a large team of health workers, all of whom play an important part in helping the patients to recover their health.

Sister Mary Joanna, S.S.M., therapeutic dietitian, Firmin Desloge Hospital, St. Louis, Mo., said greater cooperation can be gained if the dietitian is at the bedside of the patient in the company of others "in white," and "The doctor, the nurse, the social worker and the dietitian need to share their understanding of the patient with each other."

Miss Helen Carey of the Social Service Department, Milwaukee County Institutions, Milwaukee, Wis., emphasized the great need for a better appreciation of the Social Service Department and the part it plays in the total care as well as the follow-up care of a patient who has had a coronary attack. The doctor, the nurse and the dietitian are very important—but that someone relieve the patient's mental anxieties about finances and his job, is most important to his recovery, particularly one who must re-adjust his life to his physical condition.

The theme of the second panel stressed the need for more careful education of the patient both in the hospital and after dismissal.

Sister Mary Danielle, F.S.P.A., therapeutic dietitian, St. Francis Hospital, La Crosse, Wis., discussed methods of teaching a modified diet schedule to the patient. She said diet education should be given at the patient's level at a time when he can accept it with full attention—not just before he leaves the hospital. The patient should



PARTICIPANTS in a Dietitians' panel were (l. to r.): Helen Carey, Ellen Weller, R.N., and panel leader Carol Adell Schlenzig, all of Milwaukee, Wis.; Sister M. Joanna, S.S.M., St. Louis, Mo.; William Coffey, M.D., Milwaukee; and Robert Jones, Waukesha, Wis.

be motivated to adhere to his diet and repeated short instructions are better than one long instruction. Sister also stressed the inadequacy of merely handing the patient a typed sheet containing a form diet. She said diets must suit the needs, the budget and the situation to which the patient will return.

Sister Mary Brendan, O.S.F., administrative dietitian, St. Elizabeth Hospital, Appleton, Wis., enlarged on the need for training the patient to assume his modified diet. She suggested a six-week planned program during which the patient would return to the hospital once a week to discuss his diet problems.

Sister Gertrude of Providence, F.C.S.P., Providence Hospital, Seattle, Wash., presided at the final session for dietitians on Monday. The first speaker was Henry Vesley, district food cost supervisor, Horwath & Horwath, Chicago, Ill., whose subject was "What Does your Dollar Buy?"

He discussed important statistics that are needed in knowing the expenditure of the food dollar. He put raw food cost at 55 per cent, payroll at 41 per cent and supplies and equipment at 4 per cent. Some of the points he proposed for consideration in measuring cost control were: 1. The amount of perishables controlled from day to day, which should be purchased on a competitive basis; 2. Staple items should be purchased only after proper specifications have been submitted.

Sister Vincent de Paul, C.S.J., St. Joseph's Hospital, Kansas City, Mo., spoke on "Newer Trends in Therapeutic Diets." She discussed several recent findings in treatment by (therapeutic) diets. These included dietary therapy for cirrhosis of the liver, atherosclerosis, the chronically ill, obesity, ulcers and chronic renal failure. Her presentation highlighted the important phases of the various treatments and the success of each in restoring health to patients.

CONFERENCE ON X-RAY TECHNOLOGY

TUESDAY'S CONFERENCE on X-Ray Technology was opened by Sister Mary Roselda, O.S.F., chairman of the C.H.A. Committee on X-Ray Technology, St. John's Hospital, Springfield, Ill.

Charles Warren, president of the A.S.X.T., extended greetings from the national society in his inimitably hearty manner.

Ballots were provided for election of new Committee members.

Elected to membership on the Association's Committee were Sister Mary Gerald, O.S.F., St. John's Hospital, Springfield, Ill., and Sister M. Thomas Aquinas, C.S.J., St. Joseph's Hospital, Kansas City, Mo. Unfortunately, Sister M. Fides, S.S.M., who succeeds Sister M. Roselda, O.S.F., as Committee chairman, was unable to attend.

The debate, "Resolved that a two-year college preparation be made a requirement for all approved schools of x-ray technology," was stimulating, well-delivered, and aroused lively interest. The personal, economic and professional advantages for technicians with or without college education were proposed.

In the opinion of the judges, the members of the negative side presented more practical and convincing arguments. The judges suggested that there cannot be "all Chiefs and no Indians"; that training courses should be set up to provide for graduation of well-trained technicians—from whom technicians planning to make x-ray technology a career should be selected and provided with higher education to qualify them as instructors and supervisors.

In the afternoon, at Marquette University Medical School, Dr. Irving I. Cowan,

director of the Department of Isotopes at the University, presented an interesting and instructive explanation of isotopes and isotope procedures at the University. He gave as his personal opinion that the most qualified individuals at the present time for administration of isotopes are x-ray technicians. He conceded, however, that individuals could be trained in radiation physics and become qualified. He briefly reviewed nuclear physics, the formation of isotopes, and defined the terms used to measure activity from isotopes—curie, millicurie, and microcurie.

He discussed the use of I_{131} as a diagnostic tracer and as used in blood volume determination and in localization of brain tumors. A volunteer who had been given a tracer dose was "counted" and actual computations were made. Scanning was demonstrated and discussed. Isotopes for external, surface, interstitial, intracavity, and external uses; dosages; hazards; methods of application; half life; advantages and disadvantages; all were topics covered. A tracer counter, well counter, mechanical set-up for gold administration, lead shields, and other accessories were on display.

ANNUAL CONFERENCE OF HOSPITAL CHAPLAINS

THE MORNING SESSION of the Chaplains' Conference opened with more than 100 priests in attendance. They heard a very interesting paper given by Father Felix Choromanski, chaplain, Marymount Hospital, Garfield Heights, Cleveland, Ohio, who spoke on the "Chaplain and His Principal Charge: The Chapel and Divine Worship." He said the status of a hospital chaplain in regard to his principal charge is that he is the presiding and officiating priest but not the administrator of the chapel. He has the right to regulate religious services, but he is not the spiritual director of the Sisters. It is his duty to see that the sacred vessels, vestments and altar linens are kept in good condition. If a chaplain is to succeed in his principal charge he must above all be tactful, patient, and gentle. He must be a gentleman and a diplomat in the noblest sense of the words, according to Father Choromanski.

James M. Sullivan, M.D., president, Catholic Physicians' Guild of Milwaukee, and associate professor of surgery, Marquette University, said he would like to open new fields of endeavor where the chaplain could render useful service, for instance, to be a liaison between the administration and doctors, between patient and doctor, between doctor and relatives. These activities are over and above the ones commonly attributed to the chaplain at the present time.

The afternoon sessions consisted of three discussions conducted simultaneously: 1. "Practices for the Chaplain in a General Hospital," 2. "Practices for the Chaplain in a Psychiatric Hospital or Department," 3. "Medico-Moral Problems and Practices." This was the first time in the history of the Chaplains' Conference that such discussions were conducted and they were well received and highly successful.



X-Ray Technology conferees Tuesday morning were (front row, l. to r.): Presiding, Sister M. Roselda, O.S.F., Springfield, Ill.; Clark R. Warren, Detroit, Mich.; Don C. Weir, M.D., St. Louis, Mo.; Sister M. Joan, Ad.Pp.S., Red Bud, Ill.; (back row, l. to r.): Thomas Funke, Tuscola, Ill.; W. C. Smullen, M.D., Decatur, Ill.; and Sister Gerald, O.S.F., Springfield, Ill.

INSTITUTE FOR MEDICAL RECORD LIBRARIANS

MEDICAL RECORD LIBRARIANS opened their meetings with a limited-attendance "Workshop on Indexing," coordinated by Sister M. Servatia, S.S.M., C.R.L., of St. Louis University. The workshop was held Monday afternoon.

Sister M. Rosita, O.S.F., C.R.L., opened the business meeting Tuesday and discussed the Code of Ethics which the committee of medical record librarians drew up and submitted to the National Committee. She read a letter from Miss Johnson, chairman of the National Committee, to Mr. Charles Berry, secretary of the Committee of the Catholic Hospital Association. Copies of the Code of Ethics were distributed to each one present at the meeting.

She then introduced Dr. Denver M. Vickers, assistant director of the Joint Commission on Accreditation of Hospitals, Chicago, Ill. Dr. Vickers gave a report on the revised standard of the Joint Commission. He said that the primary purpose of the Joint Commission is to provide good patient care. He said that there is still a great deal of difficulty in regard to communications with the medical staff and that the Joint Commission is striving to give the medical staff a better understanding of what is required by the Joint Commission.

He said the Joint Commission has always placed a strong emphasis on medical records, because as a good hospital is known by its medical staff, so a good staff is known by its medical records.

The Board of Commissioners has recently made several changes in the "Standards for Hospital Accreditation." The following are those mentioned by Dr. Vickers:

1. The point rating system is no longer used because of the difficulty of assigning so many points to various phases of hospital work.
2. The pharmacy or drug room is now put into the category of essentials.
3. There shall be an automatic stop order on dangerous drugs.
4. There shall be a written plan for the care of mass casualties and this plan shall be co-ordinated with the in-patient and out-patient services of the hospital.
5. There shall be a list published of both fully accredited and provisionally accredited hospitals. It is no longer necessary to have thermometers on autoclaves. Emphasis is now put on packing materials in autoclave and running routine cultures on autoclaves and stills.
7. It is no longer necessary to have a routine serology and C.B.C. for laboratory work on all patients admitted. It is necessary only to have a urinalysis and hemoglobin now.

Sister M. Rosita turned over the chairmanship to Sister M. Charitas, A.R., R.R.L. Director, Medical Records Department, St. Rose Hospital, Great Bend, Kans. Sister Charitas gave reports on the new business and announced the election results. The following were elected to the committee:

1. Sister Mary Evangeline, A.S.F., R.R.L.
St. Elizabeth Hospital
Danville, Illinois



INTERESTED M.R.L.'s participate in a Monday afternoon workshop on Indexing.

2. Sister Mary Conceptia, C.S.S.F., R.R.L.
Blackwell General Hospital
Omaha, Nebraska
3. Sister Laurentia, F.S.S.J., C.R.L.
St. Mary's Hospital
Brooklyn, New York

FORMER BOARD MEMBERS ATTEND CONVENTION

The 41st Annual C.H.A. Convention was honored by the attendance of six Sisters and one Brother who are former members of the C.H.A. Executive Board.

They were: Mother M. Concordia, S.S.M., Mother General of the Sisters of St. Mary, St. Louis, Mo.; Sister M. Bernadette, O.S.F., St. Anthony Hospital, Milwaukee, Wis.; Sister M. Seraphia, S.S.M., St. Mary's Hospital, Madison, Wis.; Sister Lydia, D.C., St. Vincent's Hospital, Indianapolis, Ind.; Sister M. Berenice, O.S.F., St. Mary's Hospital, Racine, Wis.; Sister Catherine Gerard, S.C., Halifax Infirmary, Halifax, Nova Scotia; and Brother Leo, C.F.A., Alexian Brothers Hospital, Chicago, Ill.

Charles Berry, Secretary, read his report on the work of the Committee for the past year. He said: By-laws have been amended and approved; a consulting service has been started; a column has been started in HOSPITAL PROGRESS for legal problems; a definite program has begun for release of information, and a survey has begun for hospital record librarians.

Tuesday afternoon Sister M. Charitas, O.P., R.R.L., St. Rose Hospital, Great Bend, Kans., opened and presided at a meeting devoted to "Research and the Medical Record Librarian."

Sister M. Fidelise, C.S.S.F., St. Joseph's Hospital, Philadelphia, Pa., discussed the "Attitude Toward a Research Program" which administrators and M.R.L.s should cultivate. She told administrators they must not become so preoccupied with technicalities of management that they have no time to take the lead in research. Attention to research, she pointed out, will upgrade medical care, enhance the prestige of the hospital, further staff interests, and create good public relations for the hospital.

M.R.L.'s, she said, can contribute toward stimulating research by keeping records complete in every detail. "If the administrator can approach the M.R.L. as a team member of a research project, then she will exert her influence and use her energy toward its completion."

Sister M. Rosita, O.S.F., C.R.L., Creighton Memorial-St. Joseph Hospital, Omaha, Neb., discussed the "Contributions of Medical Record Librarians in Furthering Research Projects." She said there is "... one criterion which tests the kind of care given—the medical record. It should not reflect the kind of care given in 1926, 1946, but in 1956." Improving work of the day, she said, with special attention to filing valuable materials collected on a particular case and indexing new therapy methods or pharmaceuticals, would be of invaluable aid to researchers.

Dr. Louis Smith, St. Paul's Hospital, Dallas, Texas, said emphatically that a "good record may save a life." He said a good record was proof that the doctor had thoughtfully studied the patient's condition and given proper consideration to his illness. He said that only through adequate records could advances occur in medical research—and good records promote better medical care because they contain complete histories of former patients who might be re-admitted, enabling the doctor to see at a glance previous treatments and its effects.



MEDICAL RECORD LIBRARIANS discussed research (l. to r.): Louis S. Smith, M.D., Dallas, Tex.; Sister M. Fidelise, C.S.S.F., Philadelphia, Pa.; Sister M. Rosita, O.S.F., Omaha, Neb.; and presiding officer Sister M. Charitas, O.P., Great Bend, Kans.

At the closing session of the M.R.L. Conference Sister M. Conceptia, C.S.S.F., R.R.L., presided and introduced Jacques Cousin, director of Oakwood Hospital, Dearborn, Mich., whose theme was "Let's Do It Right." He outlined the responsibility of the M.R.L. to the administrator as an important part of the nursing team, and urged coöperation with the medical staff. He said a high degree of *esprit de corps* can be maintained in the record room if the librarian has the backing of the administrator, who in turn is supported fully by the board. He urged that record libraries be open, in full view of the staff and easily accessible at all times.

Sister M. Laurentia, F.S.S.J., C.R.L., The Saint Mary's Hospital of the City of Brooklyn, N.Y., said the M.R.L. must be the "jack of all trades and master of human

relations," in her speech on "Medical Record Librarians Share the Blame." The library was called a service department for business and a record library for information and data for research. She said the complete coöperation of the nursing division is necessary for proper function of the library and the M.R.L. is an "important part of the staff and administrative triangle."

The importance of a "Two-Way Street" between the administrator and the M.R.L. was the subject of a talk by Sister M. Yvonne, S.S.M., R.R.L., Firmin Desloge Hospital, St. Louis, Mo. She cited adequate space, satisfactory equipment and qualified personnel as essential to a good library. The full development of the "Two-Way Street" can be accomplished if the administrator visits the record department to see what is being done, how and why, she said.

ANNUAL CONFERENCE OF REGIONAL DELEGATES

THE CONFERENCE OF REGIONAL DELEGATES opened with some 50 Sisters in attendance; presiding was Rt. Rev. Msgr. F. M. J. Thornton, director, New Jersey Conference of Catholic Hospitals, Sea Girt, N.J.

"Significant Developments in Hospital Service" was the title of the first panel of the morning.

J. J. Locher, Jr., LL.B., Cedar Rapids, Iowa, gave an interesting explanation of the long-reaching effects of the Iowa hospital-specialist controversy on Catholic as well as all voluntary hospitals in the nation. As hospital attorney for Mercy Hospital, Cedar Rapids, he is close to the situation and although legal counsel for a hospital, his talk was marked by an effort to present the matter in an unbiased fashion.

Sister M. Assunta, S.C., Santa Fe, N.M., spoke on "The Problem of Reimbursement

in New Mexico." She outlined the struggle—and apparent victory—of organizations in New Mexico to extract an increased per diem on welfare patients from the State of New Mexico. Organizations participating in this undertaking were the New Mexico Chapter of the American Association of Hospital Accountants, the New Mexico Hospital Association, and later, the New Mexico Conference of Catholic Hospitals. The struggle eventually centered around the admission or inclusion in the cost statement of the value of Sisters' services; eventually the State comptroller agreed to recognize these, but not to exceed \$100 per month per Sister, paid by individual check, deducting withholding taxes, etc.

Sister M. Columba, O.S.B., Dermott, Ark., outlined developments of the first year, following reorganization of the Arkansas Conference of Catholic Hospitals.

She stressed the aims of the conference as being threefold: Interesting meetings—with panels moderated by C.H.A. personnel; A bi-monthly newsletter—reporting developments between quarterly meetings; An annual project—currently a compilation of hospital policies and principles acceptable to all Catholic hospitals in Arkansas.

Sister Rita Rose, O.P., Rogers, Ark., spoke from the floor on the value of the conference newsletter as a vehicle for contacting membership in the period between the periodic meetings. She stressed the value of the newsletter as a means of fostering unity, and strengthening the *esprit de corps* of the Conference.

Sister Madeleine of Jesus, s.g.c., Ottawa, Ontario, outlined the significant achievements of the Ontario Conference of Catholic Hospitals which in 1955 celebrated its 25th anniversary. The Conference was organized in 1931 by Rev. A. M. Schwitalla, S.J., then President of The Catholic Hospital Association, with the approval of His Excellency, the Most Rev. Neil McNeil, Archbishop of Toronto, who presided.

Sister Columkille, f.c.s.p., North Battleford, Saskatchewan, whose subject was "Health Insurance in Canada," discussed the structure and operation of several medical care plans now functioning in Canada. Prominently among them are the Government-sponsored Hospital Care Plans of Saskatchewan and British Columbia, the provincial grant-in-aid program of Alberta, and Newfoundland's system of "state medicine" in which the province establishes the hospitals in outlying areas.

Following the panel, Rev. Henri M. Légaré, O.M.I., Ph.D., Chairman, Catholic Hospital Association of Canada, Ottawa, Ontario, was introduced. "Developments in the Socialized Hospital Service Field in Canadian Hospitals" was the theme of his address. Father's conclusion was, "Whatever the outcome of the Federal offer [here Father has reference to the Federal Government's offer to provide technical knowledge and financial aid for the plan], all agree that today's high cost for adequate medical and hospital care is too heavy a burden for many people. We have to provide in some way or the other, adequate protection for all Canadians. Is the health of the population of a country one of those good things necessary for the harmony, well being, and prosperity of a given society? If so, the leaders of that society must promote, even if indirectly only, the establishment of a scheme for the real benefit of all its members."

The last speaker on the morning program was Rt. Rev. Msgr. Donald A. McGowan, Executive Director, Conference of Bishops' Representatives, who reported on "Chronic Illness Facilities Under the Hill-Burton Act" and gave a resumé of Federal legislation in the field of health and hospitals.

The afternoon session of the Conference of Regional Delegates opened with the Very Rev. Msgr. Joseph M. McPherson of Buffalo, N.Y., presiding.

Rt. Rev. Msgr. Robert A. Maher and Rev. John Weishar, Peoria, Ill., discussed "Personnel Policies—What They Don't Cover." Both Monsignor Maher and Father Weishar stressed the importance of good personnel policies within the hospitals themselves in order to have a satisfied



REGIONAL DELEGATES pose during the Convention on a broad stair in the Auditorium.

group of employees. Both cited instances in which efforts had been made to force hospitals to negotiate with labor unions. Both said hospitals, aware of the teachings of the Holy Father and of the Bishops of this country, should recognize the workers right to form labor unions and to bargain collectively.

Monsignor Maher advised hospitals, when approached by organized labor, to "pray for patience, to face the facts in their individual cases and not to panic." A definite course of action should be formulated on sound principles. He also stated that it would be well for mechanisms to be set up within the hospital by which employees air their grievances through a representative employees' committee. He said that social justice does not mean labor unions and that often more satisfactory working conditions can be arrived at without third-party interference.

W. I. Christopher reported on a "Recruitment Program for Hospital Personnel." The program had been developed for the St. Louis area and was a long-term plan. The regional vocational counsellors were briefed on the job opportunities available in the hospital field and were continually supplied with additional and pertinent information. The success of the program can be measured by the fact that nursing schools in the St. Louis area now have five times the number of applicants they can accept and all dietary, x-ray and medical technologist openings are filled.

C.H.A. Executive Secretary M. R. Kneiff reported on the activities of the various Regional Conferences and the problems solved by the Conferences during the past year. He urged the various Conferences to report on their activities and meetings. He informed the group that The Catholic Hospital Association had held 20 Conferences during the past year, six of these on accreditation.

JOINT CONFERENCE ON MEDICAL TECHNOLOGY

SOME 250 MEDICAL TECHNOLOGISTS met Saturday, May 19, at Marquette University in a joint conference sponsored by The Catholic Hospital Association and the Wisconsin Society of Medical Technologists. W. I. Christopher, Secretary of the Medical Technology Committee of The Catholic Hospital Association, gave greetings and welcome on behalf of C.H.A. He said the field of medical technology is a rapidly expanding one and described its advance from the routine blood count and urinalysis of two decades ago to the many complicated chemical procedures of today's clinical laboratory.

The technologists started promptly with a program arranged to keep them abreast of progress in the field of science.

Norman H. Engbring, M.D., Marquette clinical instructor, the first of the program participants, presented a paper on Urinary 17 Keto-Steroids, which included the nature of the steroids, the pathological states associated with abnormal values, and finally the technique.

Opal E. Hepler, Ph.D., M.D., of the Northwestern University Medical School, followed with a paper on Liver Function tests, and the place of each in the clinical laboratory. Dr. Hepler has written one of the better books available on Techniques in the Clinical Laboratory and she was no stranger to the group. Errors in techniques were pointed out, and the best tests in liver metabolism were indicated.

The final paper of the morning was given by Armand J. Quick, Ph.D., M.D., director of the Marquette Biochemistry Department and a world-wide authority on theory of blood coagulation mechanism and

on the study of hemorrhagic diseases. The newest concept of the theory of blood coagulation was described and the hereditary factors in the recently discovered hemorrhagic diseases were explained in the light of genetics. Quantitative studies of the hemophilic defect were given upon slides, indicating the place which heredity plays in these diseases.

The Saturday afternoon session of the pre-convention Institute for Medical Technologists started with Marianne V. Schaaf, M.T. (A.S.C.P.), director of the curriculum in medical technology and instructor in pathology, Marquette University, presiding. There were approximately 260 medical technologists, lay and Religious, on hand for the session.

The first topic was a panel discussion evaluating the various tests most frequently used to measure thyroid function. The moderator of the panel was Irving I. Cowan, M.D., assistant clinical professor of radiology, Marquette University.

The first speaker on the panel was Howard M. Klitgaard, instructor in physiology at Marquette, who gave a very detailed review of the gross and microscopic anatomy and physiology of the thyroid gland. Dr. Klitgaard briefly elaborated on the principle underlying three tests, the basal metabolic rate, the protein bound iodine and the radioactive iodine uptake.

Joyce Wagner, M.T. (A.S.C.P.), Milwaukee, as the second speaker on the panel, described the technique for the determination of protein bound iodine, pointing out the many sources of error to be avoided. She emphasized the importance of performing this test in a room separate from that in which routine chemistry procedures are done. This is necessary to prevent contamination from Nessler's solution, mercury, lugol's solution, etc.

Elizabeth A. Lawton, R.N., of the Marquette radiology department, was the third speaker on the panel and described the procedure for the carrying out of radio active iodine uptake studies. She stressed the importance of allaying the fears of the patient by explaining that this "atomic cocktail" is to test the function of the thyroid gland or to determine if a nodule in the gland is toxic; also that it is not a test for cancer as most people think.

In conclusion, Dr. Cowan pointed out that even though the PbI and I_{131} are being more frequently used for the evaluation of thyroid function, nevertheless the BMR still has its place in clinical diagnosis.

Following this panel an enlightening presentation on micro-chemical procedures in the hospital laboratory was given by Samuel Natelson, Ph.D., chairman, Department of Biochemistry, Rockford Memorial Hospital, Rockford, Ill.

Dr. Natelson showed that the measuring of a sample of serum of the order of 0.02-0.05 ml. may be done with greater ease, accuracy and precision than sampling of 1 ml. He explained how a blood sugar urea, pH, sodium, potassium, chlorides, CO_2 , calcium, phosphate, etc., could be determined on .05 ml. of blood and that one of the advantages of micro-techniques is their speed of operation which gives important data to the doctor in the least possible time.

The last topic, flame photometry and electrolyte balance, was discussed by Alex-

ander Bews, clinical chemist, St. Joseph's Hospital, Milwaukee. The high points in his presentation were the theory of flame photometry, a historic résumé showing the growth of present-day knowledge of electrolyte balance, a discussion of fluid balance and disturbances of the acid-base equilibrium. He emphasized the importance of flame photometry and said that soon a laboratory which does not possess a flame photometer will be considered as outdated as one that does not possess a microscope. He said facilities for electrolyte studies are mandatory in any hospital, regardless of size, if patients are to receive the best care. For example, he said in burn cases, frequent or even hourly follow-up of electrolyte studies are sometimes indispensable therapy guides to the physician.

The Sunday morning meeting of the medical technologists, held at the Marquette University School of Medicine, began an interesting series of discussions of mycology. Interest in the subject matter was evidenced by the presence of some 250 technologists at the session.

E. S. McDonough, Ph.D., professor of botany at Marquette University, opened the program with an introduction to medical mycology, discussing the nomenclature and the common laboratory contaminants. This was followed by a laboratory visit for an excellent demonstration of microscopic slides, cultures and equipment used in their preparation.

Libero Ajello, Ph.D., senior scientist in charge of the mycology unit, U.S.P.H.S. Communicable Disease Center, Chamblee, Ga., then began a further discussion of the superficial and subcutaneous mycoses. He made use of slides and films in his discussion of several mycotic diseases. He went into particular detail to describe such a common mycotic infection as "athlete's foot." He classified causal agents and described techniques and materials to be used in search of fungus diseases. He pointed out to the technologists that mycology is now a challenge to the medical world since fungus diseases are no longer rare. He advised technologists to have a "healthy suspicion" that fungi may be present in a specimen under examination, which would increase their ability and desire to uncover them.

The morning session closed with a group luncheon in the Brook Memorial Union Building.

After lunch the technologists reconvened in the auditorium of the Marquette University School of Medicine. Dr. Ajello began the afternoon session with a discussion of three systemic mycoses. He pointed out that with adequate laboratory support, the diagnoses of Blastomycosis, Dermatitis, Histoplasma Capsulatum and Coccidioides immitis can be safely made. After discussing the history, prevalence and geographic distribution of these three fungi, he reviewed the procedures used to demonstrate and identify them.

Following his presentation, Sister M. Genevieve, M.T. (A.S.C.P.), mycologist, St. Mary's Hospital, Watertown, Wis., discussed the isolation and identification of Candida Albicans. Demonstrations of techniques by slides made in her own laboratory and demonstrations of the actual growth on planted agar plates contributed to an interesting and practical period.



AT THE Past President's Dinner (see box below) were (l. to r.) seated: Rt. Rev. Msgr. John R. Mulroy, Denver; Rt. Rev. Msgr. Robert A. Maher, Toledo; Rt. Rev. Msgr. Maurice J. Griffin, Cleveland; Bishop William A. O'Connor, Springfield, Ill.; Rt. Rev. Msgr. Charles A. Towell, Covington, Ky.; and Rev. Alphonse M. Schwitalla, S.J., St. Louis; Standing (l. to r.) Rt. Rev. Msgr. Edmund J. Goebel, Milwaukee; and Rt. Rev. Msgr. John W. Barrett, Chicago.

PAST PRESIDENTS HONORED AT BANQUET

Six of the ten Past Presidents of The Catholic Hospital Association were honored at the First Annual Past Presidents' Dinner Tuesday, May 22 during the 41st Annual Convention. Those who attended were Rev. Alphonse M. Schwitalla, S.J., St. Louis, Mo.; Rt. Rev. Msgr. Maurice F. Griffin, Cleveland, Ohio; Rt. Rev. Msgr. John R. Mulroy, Denver, Colo.; Rt. Rev.

Msgr. John W. Barrett, Chicago, Ill.; Rt. Rev. Msgr. Charles A. Towell, Covington, Ky., and Rt. Rev. Msgr. Edmund J. Goebel, Milwaukee, Wis. Absent because of illness was Rt. Rev. Msgr. George L. Smith, Aiken, S.C.

Hosts for the dinner at the Milwaukee Athletic Club were Rt. Rev. Msgr. Robert A. Maher, and Rt. Rev. Msgr. Joseph Brunini.

MYCOLOGY was the subject of a Sunday afternoon address to Medical Technologists by Sister M. Genevieve of Watertown, Wis.



Some principles of personnel administration in Catholic hospitals

This report of the special Association committee to investigate personnel relationships has been accepted and approved by the Administrative Board. It is the most definitive and comprehensive statement of official Association views yet published

THE CATHOLIC HOSPITAL ASSOCIATION *was requested to set up a committee to study the problem of employee relationships in Catholic hospitals. The Committee was charged with the responsibility of preparing material which would be helpful to hospitals in formulating personnel policies and in dealing with critical employee situations.*

INTRODUCTION

In approaching this task the Committee realizes that Catholic hospitals, as agencies of the Church, are naturally desirous of operating their institutions in keeping with the tradition of the Church and in a manner which contributes to the best interests of the patient.

The Committee wishes to point out that in a modern hospital written personnel policies are essential: a) to clarify respective rights and obligations for both employee and employer; b) to establish policies which will be stable and not be determined by exigencies of the moment. The ideal form for these is a printed manual, which can be given to each employee.

It is impossible and undesirable to draw up a model set of personnel policies suitable for all institutions. Any hospital planning to develop personnel policies might well obtain a copy from a neighboring hospital as a guide. It is presumed that each hospital will work out policies which fit local situations and which according to local resources and conditions satisfy standards of justice and the needs of employees.

It is an established fact that personnel policies which are well thought out in terms of employee needs and local conditions contribute to the stability of staff, produce more efficient service, better internal and public relations and more economical operation.

This document calls attention to the more important accepted practices or, in some instances, alternative practices. It is hoped that this may be

used as source material by Catholic hospitals which plan to initiate or revise personnel policies. No attempt has been made to cover personnel relationships for faculties in schools of nursing.

Cost Elements

The carrying out of recommendations made here probably will result in an increase in hospital costs. Although our hospitals wish to provide service to patients at a minimum cost, they should not be expected to penalize employees to do this. We have certain obligations to our employees as well as to our patients. Rapid and heavy turn-over of employees is expensive and seriously disrupts service. It is hoped that the recommendations which follow will contribute to stabilization of staff and eliminate some of the costs of personnel turn-over.

In fairness to itself and to its employees each hospital should carefully explain hospital costs to patients and to the public by some type of monthly or annual report. Such a report ought to be given to the medical staff and to all Sisters or lay supervisors. At least a modified report should be given to employees.

Public Relations

The Committee is convinced that good public relations begins in the hospital itself and is convinced that a satisfied staff of personnel contributes greatly to good public relations.

While the personnel director has the responsibility for the administration of the personnel policies, the effectiveness of the personnel policies, even when well formulated, depends to a very large extent upon the active participation and co-operation of department heads and other supervisory staff members. These staff members entrusted with administrative responsibility are obliged to assist in implementing personnel policies by their positions as directors of functional activities of the hospital.

Each department head and supervisor is obligated to observe the established personnel policies of the hospital for their own personnel despite personal opposition to the policies or a personal philos-

ophy contrary to that held by the hospital. Creation of special privileged groups or special personnel policies by a department may create feelings of discrimination among employees which lead to tensions, grievances and frictions.

Personnel Directors

The responsibilities for the personnel program ought to be centralized and assigned to one person. *The size of the hospital and the number of employees should determine whether this function should be shared with other duties or isolated as a separate responsibility.* This director ought to be properly qualified in the skills and techniques of modern-day personnel administration and ought to have sufficient experience to know how to practice these skills and techniques effectively.

The duties and responsibilities of a personnel director or the person assuming this function should be clearly outlined and understood by administration, department heads, supervisory staff, and the personal director, and the role of this position understood by the employees.

It is important that a well-trained person be placed in charge of a separate personnel department, who will be responsible for personnel records, recruitment of employees and orientation.

To function effectively in this area, such administrative officers, including the personnel director, department heads and supervisors, both Religious and lay, should be well grounded in the following:

- a) The organizational structure of the hospital in general and of their own departments in particular
- b) The responsibility associated with the particular supervisory position.
- c) The principles of supervision.
- d) Human relations—the business of getting along harmoniously with one's subordinates and associates, and
- e) The steps to be taken in the solution of problems arising among her own workers.

Active Participation of Department Heads and Supervisors is Necessary

The successful functioning of a hospital organization depends largely on the ability of department heads and supervisors to understand lines of authority, and to be able to handle problems at the department level and to make decisions quickly and fairly. In order to assure smooth operation of the hospital, it is important to have a modern organizational set-up and to observe administrative channels in all relationships involving lay and Religious staff members and employees.

FORMULATION OF POLICIES

It is recommended that department heads and supervisors including both Religious and lay personnel participate with the administrator in drafting personnel policies. It is understood that the governing board of the hospital must give final approval to personnel policies.

POLICIES ON SALARY AND SALARY SCALES

a) The committee believes that so far as possible Catholic hospitals have a moral obligation to pay what is considered a living wage to employees in keeping with the Encyclicals and other criteria designating wage scales.

b) In order to carry out this obligation, employees should be paid a salary comparable to that paid in commercial or industrial organizations for similar work, and to people with similar experience, education and ability.

c) It is important to know and follow state minimum wage laws and local agreements. Although hospitals are exempt from Federal minimum wage laws, it is usually wise to be guided by them.

d) Consideration should be given to standards recommended by professional organizations.

e) The administrator also has the obligation to review the salary scale at regular, stated times and to make whatever changes seem indicated on the basis of merit and cost of living changes. The designated amount of increase should be subject to periodic review and the employee should be advised when and what amount or, if not granted, the reasons for such action. A scale of minimum and maximum salaries should be set-up for various classifications of employees.

f) Employees should not be expected to work overtime, at the request of the Supervisor, without adequate compensation.

g) As a matter of practice it is recommended that meals, lodging, laundry and uniforms, not be given in lieu of salary. Fringe benefits such as hospital or medical insurance, retirement insurance, health service, etc. are usually shared by employees and employers. Allowance of these fringe benefits can be governed by local practice.

CONDITIONS OF EMPLOYMENT

Work Schedules

The Committee stressed the importance of stating clearly what are the hours and days of a normal work schedule in the hospital. The trend is towards a 40-hour work week in a 5-day period. Most hospitals, however, that have a 40-hour work week spread it over 5½ days. We might emphasize that the trend is toward a 40-hour work week in a 5-day work period.

Emergency staffing situations may arise necessitating some variation in the normal work week pattern.

Some hospitals pay extra for night shifts. Rest periods are customary in many areas. Rest and lunch periods are covered in some states by law.

Vacations

All full-time employees are entitled to paid and scheduled vacations, based on length of service and patterned on local practices. Regular part-time employees should be included in this program, the length of vacation time depending on the number of hours they work. All benefits should be received

in the same proportion as the number of hours worked bear to the total normally worked in that department.

Sick Leave

A program of payment for sick leave for verifiable illness should be adopted for regular employees who have completed a certain period of satisfactory employment.

Holidays

Regular employees are entitled to the six basic Holidays: New Year's Day, Memorial Day, July Fourth, Labor Day, Thanksgiving Day and Christmas Day. Local custom may dictate recognition of additional holidays. Likewise, consideration ought to be given to the recognition of Holy Days of Obligation and Good Friday in accordance with the custom of the local Diocese. Because of service needs in the hospital, it may not always be possible for all employees to be free on the days themselves, but comparable time off should be given within a limited period.

Promotions and Salary Increases

Promotions and salary increases should be based on merit rather than on seniority alone. The principle of routine and periodical evaluation of employee performance based on the premise of employee improvement might be introduced. Such evaluation should be discussed with the employee; this would provide a record to be used as a basis for promotion consideration. When positions of greater responsibility become available, first consideration should be awarded employees with greater seniority; however, the best interests of the hospital and its departmental services must be kept in mind.

Grievance Procedures

The Committee is convinced that some method should be set up for handling grievances and misunderstandings. Hospital organization should provide for an employees' committee to hear employee problems and to make recommendations to the administrator or the governing board. A planned grievance system ought to be established and understood by both employees and supervisors outlining the responsibilities of each. A possible employees' committee, representing the personnel of the hospital, can effectively serve as a grievance committee for employees in the event that personnel relationships between employees and supervisors break down and grievances continue without solution. A grievance committee, to be effective, must have recognition by management and be given status in the eyes of the employees.

The employees' committee should be composed of members who have been elected by the employees as their representatives. It is recommended that each department or appropriate divisions of the hospital elect its representatives.

The Committee members report that a Committee of this type representing employees is a most ef-

fective method of settling employee difficulties within the institution itself.

Termination of Employment

After an employee has passed a prescribed probationary period he should not be discharged without good cause and without proper notice.

When the hospital employs a person to fill a position only until a Religious is available, the employee should be informed of this intention at the time of employment. The Committee wishes to call attention to the friction and hard feelings which are caused when experienced lay department heads and supervisors are summarily replaced by young and inexperienced Religious.

Serious cause is basis for immediate termination.

Employees should give reasonable notice when they plan to resign.

Terminal interviews are helpful in completing personnel records.

Seniority

At all times the hospital should recognize obligations to afford job security to its employees through appropriate application of the principles of seniority.

FRINGE BENEFITS

In order to develop a competent and stable staff it will be helpful:

- a) To take steps towards participation in Social Security by those hospitals which have not done so;
- b) To study the possibility of supplementing Social Security with private retirement plans;
- c) To make available to employees Blue Cross and Blue Shield coverage (some hospitals pay the premium for employees; others deduct it from salaries);
- d) To provide pre-entrance and periodic physical examinations, and to provide care for accidents and illness incurred on the job;
- e) To provide workmens' compensation wherever possible (most states require it);
- f) To permit a representative number of professional and supervisory personnel, both lay and Religious, regularly to attend hospital and professional meetings on hospital time and at hospital expense, and
- g) To set up in-service programs at hospital expense and on hospital time as a means of upgrading personnel, improving services and bettering patient care.

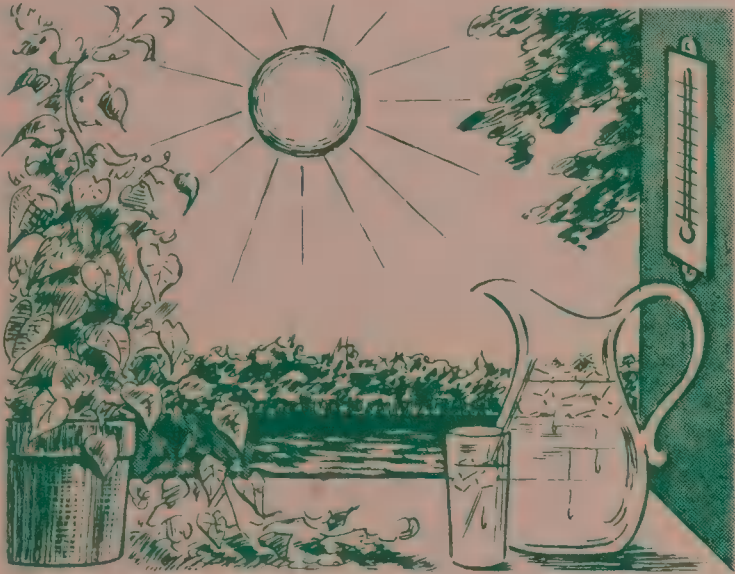
INTERNAL AND PUBLIC RELATIONS

The hospital has a right and the obligation to prescribe standards of conduct which will govern employee relationships with patients, fellow employees and superiors.

Administrators, department heads, supervisors and all employees should remember that good public relations emanate from an institution which has a contented and efficient staff, conscious of institutional and individual responsibilities towards patients and the Community.

★

ALL ABOUT OUR AUXILIARIES



HOSPITAL AUXILIARY DAYS

The fifth observance of HOSPITAL AUXILIARY DAYS took place in Milwaukee, Wisconsin, May 22 and 23, during the 41st annual convention of The Catholic Hospital Association. "Heart and Hand of the Hospital" was the theme for the meeting.

Chairman of the opening session attended by representatives from fifteen states was Mrs. A. B. Doyle, Our Lady of Lourdes Hospital, Camden, New Jersey. Mrs. Donald W. Calvy, president of the Women's Auxiliary, St. Joseph's Hospital, Milwaukee, Wisconsin and Rev. John J. Flanagan, S.J., Executive Director of The Catholic Hospital Association, welcomed the group. Miss Jean Read, secretary of the Council on Hospital Auxiliaries, discussed the work of the Association, its structure, and the relation of auxiliary help to the over-all administration of member hospitals these organizations serve. The film, *The Dedicated*, produced by the Association to depict the history of Catholic hospitals, was shown.

The afternoon session of the first day of the meeting was devoted to group discussions entitled "Let's Exchange Ideas." Leaders for these sessions were: Mrs. Joseph H. Louis, St. Francis Hospital, Wilmington, Delaware; Mrs. J. N. Toole, St. Mary's Hospital, Milwaukee, Wisconsin, and Miss Irene Scanlon, St. Vincent's Hospital, Jacksonville, Florida.

Topics for discussion during the "Let's Exchange Ideas" session featured variety. The spiritual projects most successful are found to be offering Masses for living and deceased members of the auxiliaries, Communion Mass and breakfast, days of recollection, votive lamps, the cradle roll Mass offering, and distribution of Catholic literature to patients. Membership drives which prove successful are parish solicitation, letters to mothers of student nurses, the "every member bring a member" plan, the press, radio and TV, where possible. One group distributes its Newsletter at the parish church and thus stimulates membership interest. The Newsletter is a good medium to inform members of activities. Some groups reported that endeavoring to publish monthly is difficult and for that reason a quarterly issue is found to be more convenient. Distribution outside the membership aids the hospital immeasurably and is a source for recruiting.

Some groups hold joint meetings with other auxiliaries in their cities. To exchange ideas is one objective; with others the gesture is one of good public relations. Service of members is recognized by awarding pins and certificates. The C.H.A. insignia with individual hospital names inscribed thereon are being adopted by many groups. One auxiliary recognizes its members' help by giving a 20 per cent discount on all medical care incurred after 50 hours of service. Another gives deep therapy treatments free of charge to any member in good standing.

To stimulate attendance at meetings some social feature is urged; the luncheon or dinner session and an entertaining program presented in stimulating manner after the business reports seems to hold interest and encourage the answering of roll call regularly. One group provides an attendance prize at each meeting. Another auxiliary limits membership, thus making attendance at meetings a privilege.

Chairman for the Wednesday morning session, a breakfast meeting, was Mrs. Joseph Hurley, St. Vincent's Hospital, Toledo, Ohio. Mr. E. W. R. Grace, executive officer of St. Vincent's Hospital, Melbourne, Australia, was guest speaker for the occasion. Mr. Grace informed the group of auxiliary activities in his country and described the function of Australian hospitals.

Mrs. Raymond E. Kersting, St. Mary's Hospital, Evansville, Indiana, presided at the summaries of the group discussions of the previous day. Following this, Mrs. H. C. Hasenberg, St. Catherine's Hospital, Kenosha, Wisconsin, conducted a forum entitled "We Did It . . . So Can You!" Discussion covered fund raising, volunteer service, and public relations projects.

The program was concluded by a visit to St. Mary's and St. Anthony's Hospitals in the city. Both have gift shops which the delegates were most anxious to see.

From time to time we will develop in the bulletin points of discussion during these AUXILIARY DAYS.

THE ANNUAL REPORT AGAIN

We have great respect for the *Annual Report*—the year's entire story is there for all to read and is a valuable source of reference. The spirit of the Auxiliary and its aims can be found in its

pages. A warm-hearted account of one activity of the Women's Board of The St. Vincent's Hospital of the City of New York is found in the report we received recently which reads:

REPORT OF THE CHAIRMAN OF THE SOCIAL SERVICE COMMITTEE

During this year, the Social Service Committee directed its energy and support through official channels to the task of interpreting and stimulating community action in regard to the serious unmet needs encountered in planning for many of our patients.

Facilities for the care of patients with long-term illness and terminal cancer, as well as foster homes for children handicapped by polio, cerebral palsy and birth anomalies, are at a premium. Adequate housing and transportation of the disabled for their medical treatment continue to be crying needs in New York City.

Despite these community lacks, the Social Service Department in 1955 contributed to the medical investment made in 3,136 patients by counselling and aiding them with their social and emotional problems.

In this report figures become people—patients struggling with worries, heartaches and the hardships that so often accompany illness. A tremendous investment of skill, energy, time and money has been made on their behalf by the staff inside the hospital, as well as by the agencies in the community. The net gains and profits are seen in the ability of the disheartened and the disabled to accept their handicaps and limitations as they move back to their responsibilities in the community, demonstrating accrued strength and self-esteem which they have gained through the help of social casework.

Ever mindful of opportunities to expand the resources of the Social Service Department, the chairman was pleased to be enrolled this fall as an Almoner of the Havens Relief Society, thereby increasing the funds available for unusual needs of the patients we serve.

Mrs. James P. Hennessy

A TALENT CHALLENGE

"Letters with \$1.00 enclosed were sent to 450 members of the Guild, former patients and friends," wrote Mrs. Frank B. Gross, Jr. of the St. Joseph's Hospital Guild, Asheville, North Carolina. "Each person was challenged to use her ingenuity in doubling or tripling her dollar.

90% of those contacted participated, and 10% returned the dollar. We considered a profit of \$800.00 highly successful," the report continues. You, too, might try this idea with profit. The Guild also operates a Snack Shop and cart service.

IS THIS YOUR CROWN, TOO!

The 1955-1956 Report from St. Mary's Hospital Auxiliary, Detroit Lakes, Minnesota included a poem which we pass along as tribute to those volunteers who are so generous in serving the sick.

SERVICE

Busy little ladies in gowns of Blue or Gray,
Why are you so faithful in these trifles everyday?
Aren't there many other things that you would rather do?
Like bowling or bridge playing; leisure moments are so few.

Aren't you much more happy in your home where you are Queen?

Or in the office where you are tops, because your wits are keen?

Here you're just a Volunteer, you've scarcely got a name,
And when you leave the hospital, do they even know you came?

Here you scrub up dirty glassware 'till your hands are red and sore,

Or process bloody needles, a job you must abhor!

Are you so fond of working that you want it never done?

Do you think you're getting richer on this strange kind of fun?

The Sisters watch you come and go, do you suppose they know

The sacrifice it costs you, all the pleasures you forego?

The money you must pay to have another—(what a poem!)

The work that will be waiting when you finally get back home?

Do you labor unrewarded, where pleasures are so few?

Because, for better or for worse, this place belongs to you.

It is yours by claims of joy and grief, as well as Civic pride,
'Cause here your little ones were born, and here your loved ones died.

Where else will you be seeking aid in case of accident?
Where else will you be welcome when your strength and health be spent?
If your efforts are not valued here, where will they ever be?
For "Whatever you have done for these, so you have done for Me."

—SISTER M. PIUS

THEY ARE NOT FORGOTTEN

For Mercy's Sake, the Mercy Hospital Women's Auxiliary Newsletter (Denver, Colorado) recently included the following letter:

Mrs. Milton Allen,
Pres., Mercy Hospital Auxiliary
Denver, Colorado

Dear Mrs. Allen and Members:

Words cannot express the gratitude that is in my heart and the hearts

of the student nurses, to all of you kind friends of Mercy Hospital School of Nursing, for all the many nice things you have done for us.

The "Probies" delight in being 'adopted' each year by such wonderful people, who remember each so generously at Christmas—their first one in training.

The Birthday Cake project, instituted this past year by Mrs. Cyrus Anderson and her committee, is a most popular one. It brings happiness to each student. Many are the exclamations one hears as each receives her cake. What could be more appreciated by one away from home than a home-baked cake? A cake made especially for you!

Our Capping Tea was "out of this world." A more beautiful arrangement would be hard to imagine. Mrs. Fred Good and her committee are certainly to be congratulated.

We realize and appreciate the many hours of planning and preparation that go into these projects. We thank each and every one of you who have helped to make them the success they have been. We beg God to bless you all as only He can.

Sister Maureen, R.S.M., and Students.

WE ARE INTERESTED IN YOUR MANNER OF COUNTING HOURS FOR SERVICE AWARDS. PLEASE ADVISE WHETHER YOU INCLUDE TIME DEVOTED TO AUXILIARY PROJECTS THAT IS NOT SPENT IN THE HOSPITAL OR MUST MEMBERS REPORT ONLY THOSE HOURS SERVED IN THE HOSPITAL? Please report to Miss Jean Read, Council on Hospital Auxiliaries, 1438 So. Grand Blvd., St. Louis 4, Missouri.

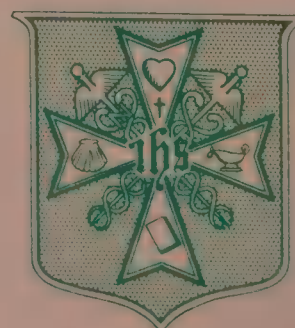
May all of your summer events be most successful! Please continue to send news of your activities; others are interested in what you are doing. Keep us informed of Officer changes so that we may address mail properly.

HAPPY VACATION!

Jean Read,
Secretary

Council on Hospital Auxiliaries

July, 1956



Does your staff have the right I.V. solution available for each patient's needs?

Specific fluid and electrolyte losses are now easily determined with modern tests like the flame photometer for potassium and sodium levels. As more is learned about fluid/electrolyte balance, a greater range of I.V. solutions is needed at the hospitals.

Cutter meets these needs with a complete line of special and standard electrolyte and nutrient solutions. Below are a few typical cases of how Cutter meets specific needs of each patient.†



CUTTER Laboratories
BERKELEY, CALIFORNIA

† The complete line of Cutter Special and Standard Electrolyte Solutions and Additives, arranged in a convenient mEq table, is available upon request.

Abstracted Case Histories

Case 1 – Male, 24 years. Condition: Herniotomy. Therapy: Prevent acidosis and restore electrolyte balance with postoperative use of Cutter Poylsal®.

Case 2 – Female, 53 years. Condition: Resection of sigmoid carcinoma with ileostomy. Therapy: Correct acidosis, prevent hypopotassemia and maintain daily body requirements of electrolytes, carbohydrates and water with Cutter Polysal-M.

Case 3 – Male, 42 years. Condition: Alkalosis following pyloric gastric obstruction and gastric drainage. Therapy: Combat alkalosis with Cutter Invert Sugar 10% in Electrolyte Solution No. 3 (Cooke and Crowley's Gastric Solution).

Case 4 – Female, 27 years. Condition: Diabetic acidosis. Therapy: Alkalyze and stabilize with Cutter Polysal and then follow with

Cutter Invert Sugar 10% in Electrolyte Solution No. 2 (Butler's Formula).

Case 5 – Male, 54 years. Diagnosis: Postoperative small bowel obstruction with drainage by Miller-Abbot tube. Therapy: Replacement of daily fluid and electrolyte losses with Cutter Invert Sugar 10% in Electrolyte Solution No. 1.

Case 6 – Female, 31 years. Condition: Severe diabetic coma. Therapy: Initial treatment with Cutter M/6 Sodium Lactate Solution.

Case 7 – Male, 42 years. Diagnosis: Gastric carcinoma. Therapy: Combat protein deficiency with Cutter C.P.H.* (5% Protein Hydrolysate in 5% Dextrose Solution).

Case 8 – Female, 1 year, 2 months. Diagnosis: Irritative diarrhea with hypopotassemia. Therapy: Restore fluid and electrolyte balance with Cutter KNL® (Darrow's Solution).

*TM



▲ PRAISE for the Best Technical Exhibit is tendered with a plaque by (l. to r.) Hospital Industries Association President John J. Egan, to Hill-Rom Inc.'s President William Hillenbrand as Msgr. Robert Maher looks on.



▲ RESPITE before another tramp through exhibit aisles is sought by three Sisters from Sacred Heart Sanatorium, Milwaukee, Wis. (l. to r.): Sister Leota, O.S.F., Sister M. Carmencita, O.S.F., and Sister M. Abdela, O.S.F.

EXHIBIT

PRIZE-WINNING Exhibit is shown at the 41st Annual Convention. Delegates voted this the best technical exhibit of the many excellent displays which lined the aisles of the convention exhibit section.



ADMIRATION for the beautiful monstrosity to be presented to the winner of the Monsignor Healy Award is mirrored in the faces of Sister M. Teresita, O.S.F., Appleton, and Sister M. Flavian, O.S.F., Milwaukee, Wis. The award will honor Msgr. John J. Healy, former president of C.H.A.

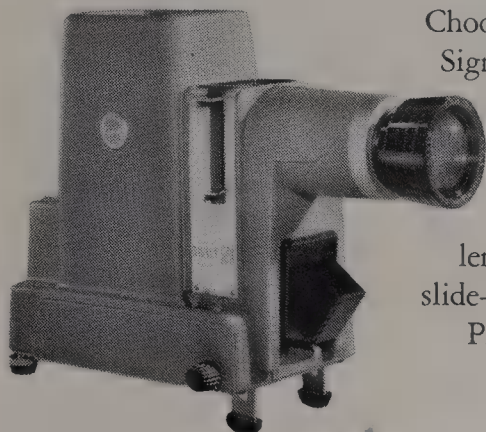
PICTURES

EYE-CATCHING slides showing the varied garbs of Catholic Sisterhoods absorbed the attention of (l. to r.): Sister M. Bernarda, O.S.F., Little Falls, Minn.; Sister M. De Lourdes, Breckenridge, Minn.; and Sister Marion, O.S.B., Okla.

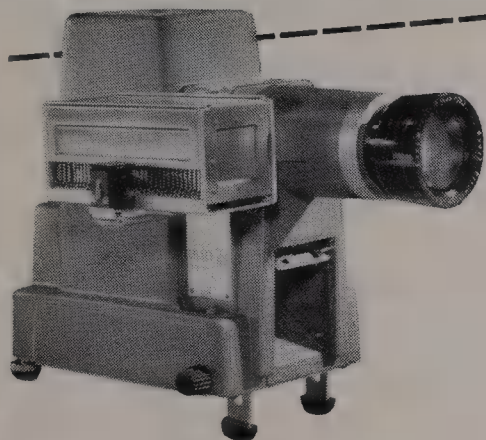
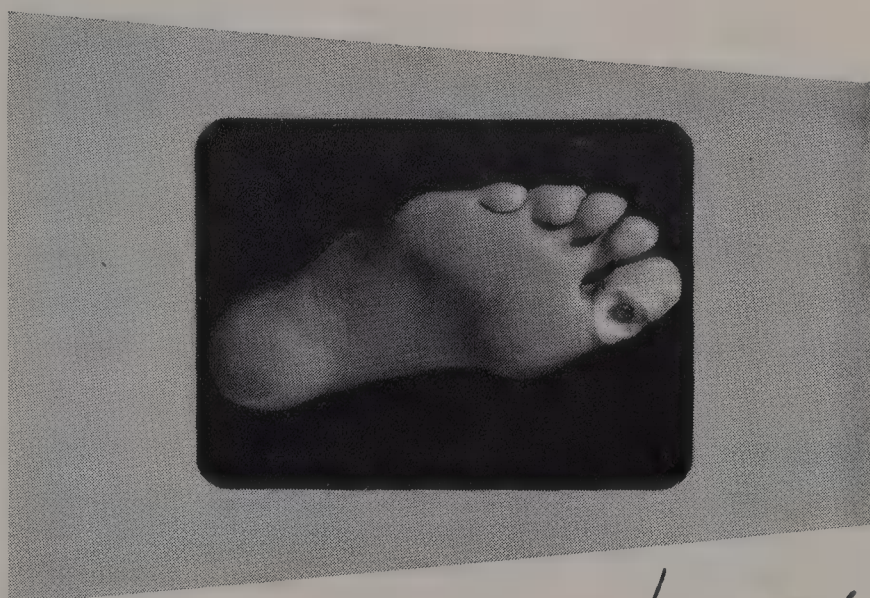


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For brilliant performance in classroom or hall



Choose the Kodaslide Signet 500 Projector. 500-watt lamp, superb optical system with $f/3.5$ or $f/2.8$ lens. Smooth, rapid slide-changing system. Price, from \$72.50.



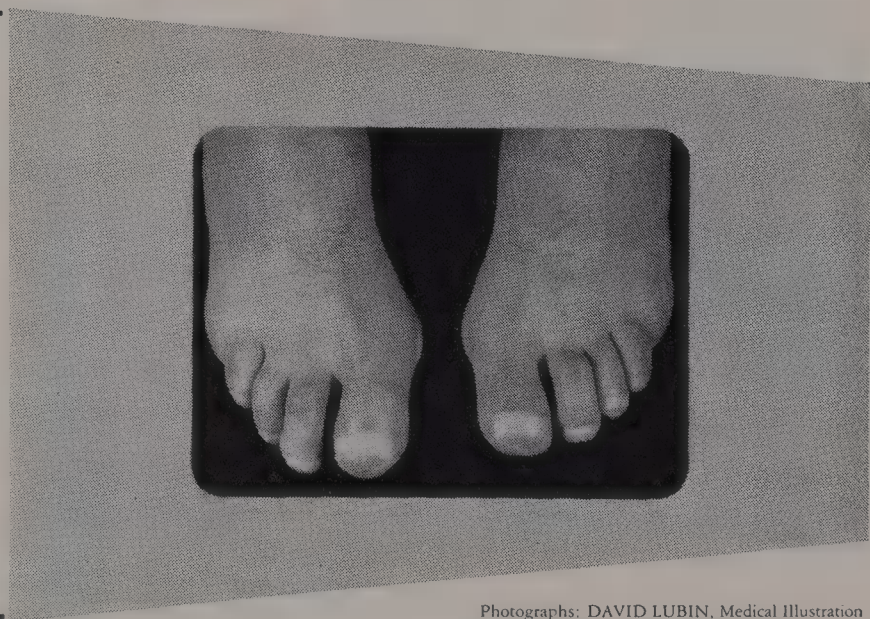
With automatic slide changer

Slides are fed into the projector from a 36-slide magazine, and can be repeated or skipped at will. Price, from \$82.50.

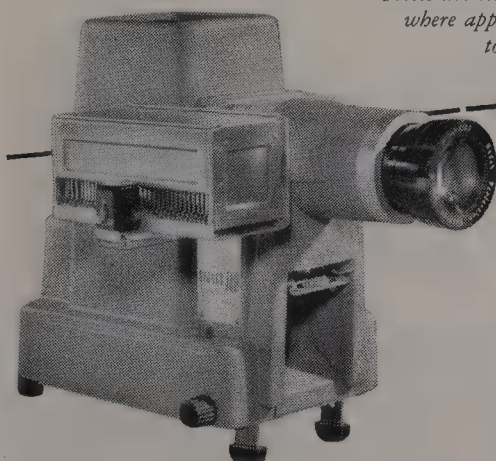


For top quality at a lower price . . .

Choose the Kodaslide Signet 300 Projector. Its 300-watt lamp and fine optics make it ideal for use in the smaller classroom or office. Price, \$59.50.



Prices are list, include Federal Tax where applicable, and are subject to change without notice.



With automatic slide changer

Same slide-feeding mechanism as described above. Push-pull movement of changer handle projects slide, stores it, advances magazine to next slide. Price, \$69.50.

For further information see your Kodak photographic dealer or write for literature.

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Laundry: Care for Colored Work

by A. D. BURROUGHS ■ Richland, Ind.

THROUGH DILIGENT EFFORT and watchful care, hospital laundries throughout the country are becoming well skilled at producing top quality white work.

With white work making up the volume in almost every instance, considerable specialized interest and concern is given to this work, resulting in real specialized skill.

Yet this very factor is the reason many hospital laundries have many problems regarding the care for colored work. While the amount of colored work in comparison, is small, some colored work will make its way to the hospital laundry room. And the hospital laundry, to be of complete value to the over-all function, should be able to handle this colored work with satisfaction.

Fortunately, most of this colored work is linen or cotton fabric, and for that reason our discussion will be applicable to these fabrics.

Good results with colored work depends upon classification, temperature, pH, rinsing, and the care of equipment.

Basic Classifications

Classification is the first step for success with colored work. While commercial laundries have an elaborate classification system, hospital laundries seldom have either the volume or the equipment necessary for these elaborate classification systems.

In general, practical results can be obtained by classifying the colored work on this basis: (1) Fast colors, (2) fugitive possibilities into light colors, medium colors, dark colors, on a color foundation. Of course, com-

mon sense will indicate that the degree of soil will play its role in classification within this arrangement where indicated.

In practical use, this plan in operation by an Oklahoma hospital laundry manager works like this. He writes: "First we separate the known fast colors from the possible fugitives. These possible fugitives are classified according to (1) light to medium colors and (2) dark colors. We classify them on the basis of color foundation. For example, the *light* to medium pink, red, orange, yellow, and lavender, all basic red color, can be classified together with little effect from any slight interchange of colors from bleeding. The *light* to medium greens, blues, purples, and grays—all basic blue colors—are classified together for the same reason. The *dark* colors in the red group are classified together, the *dark* colors in the blue group together, with blacks and browns going into either section with little effect from color interchange, when it is fairly slight."

It is also well to point out here that these separate classifications must be put into separate wheels, since merely separating by nets or pockets in the same machine will not stop the transfer of colors by the solution in the machine.

Temperature and pH

Interviews with hospital laundry managers reveal that the average temperature used successfully for colored work, is 100° F. This lower temperature, necessary to reduce fading, brings up the problem of getting rid of the dirt, for the detergency power must be raised to accomplish

this job for more soiled colored work, in this lower temperature.

"We find that the best way to do this is to raise the alkalinity. We keep a pH of about 11.0 for our white work, and find that it is necessary to maintain this pH for good results with colored work, and usually keep it a little higher than this," says an Indiana manager.

[This necessitates special colored work formulas. These formulas, practical for and applicable to hospital laundries, will be sent free upon request, by dropping a postal card to HOSPITAL PROGRESS for this information.]

In general, however, a heavy suds is maintained on the first suds bath for the colored work, and the last suds is not run with more than a medium suds.

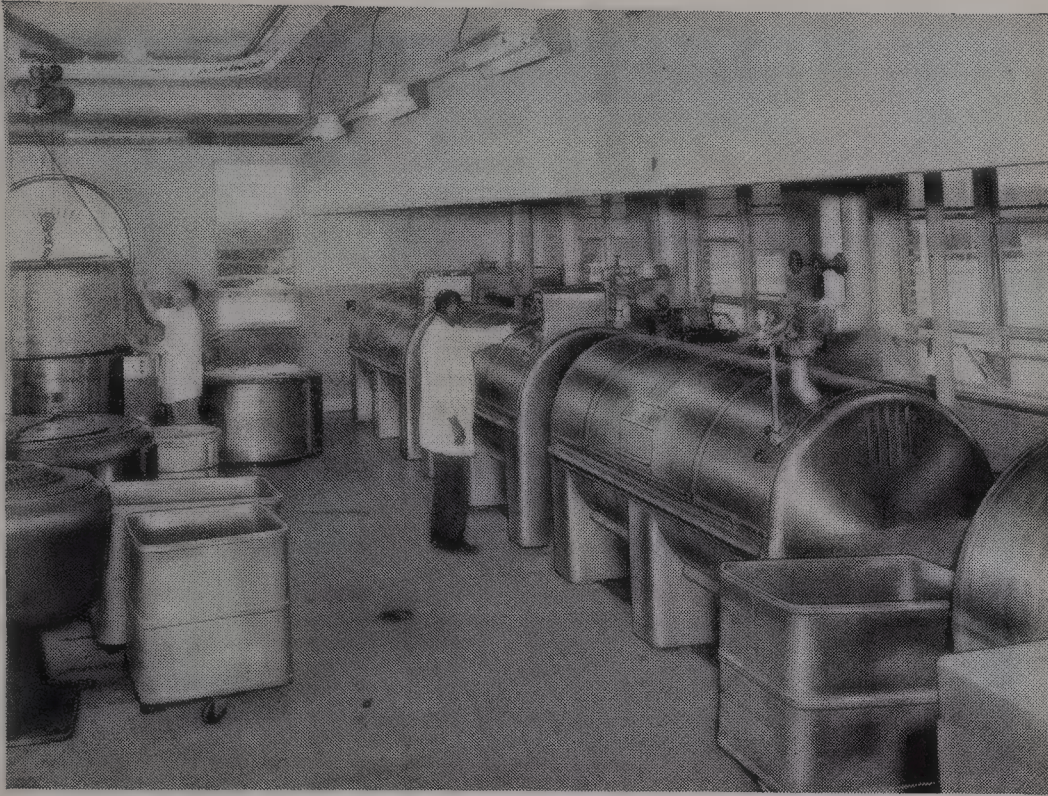
Rinsing Problems

Rinsing, of course, is continued at low temperatures, a necessity which in itself often creates more problems. This report, used successfully, was sent in to us by a Kansas hospital:

"We solve our rinsing difficulties on the colored work by using several quick rinses at temperatures of about 110-115° F. The contact of the colored work with the warmer temperatures for the short time does not affect the colors, yet the higher temperatures increases the efficiency of the rinsing action.

Equipment Care

In all cases, special care is required for the equipment used for the colored work. The insides of the wheels will become coated with a slimy deposit on



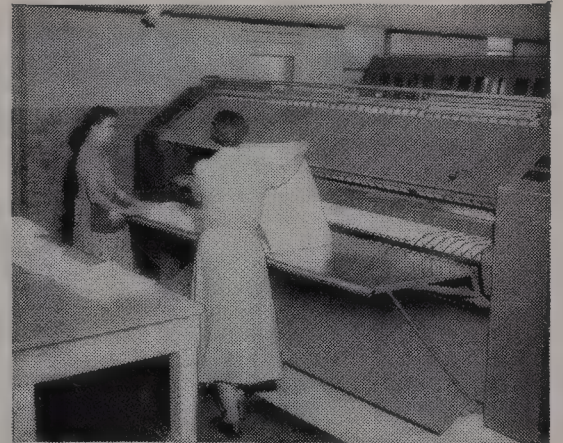
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the inside shell, and this must be removed. Nets also will need some attention.

This method, used successfully by many hospital laundries, was given to us some time ago by an Ohio laundry supervisor. He said, "Remove this slimy deposit at fairly regular intervals, the time depending upon how much colored work is handled, by a hot strong alkali bath. Follow this by rinsing and souring with oxalic acid. We rinse the wheel, treated with 10 to 16 ounces of formaldehyde at 100°

to 120°, and run this solution in the wheel for about 10 to 12 minutes. Then we give the wheel a final rinse."

This plan is economical in both supplies, time and labor. While getting rid of the slimy deposit, it has an excellent sterilizing effect, without any effect on the equipment.

Questions Invited

Most hospital laundries, for the sake of efficiency and economy, set aside several nets to be used exclusively for colored work. These nets need added

care. Most hospital laundries simply wash these nets once each week with regular white work formula, keeping these nets clean, sweet-smelling, and sterile.

The plan outlined above will give satisfactory results. Individual inquiries addressed to this magazine regarding formulas and testing procedures too involved to be set forth here—along with any other colored work problems—will be given special attention. ★

Laundry Queries

Q. Why not use bleach solution to clean the colored work wheels? K.P., California.

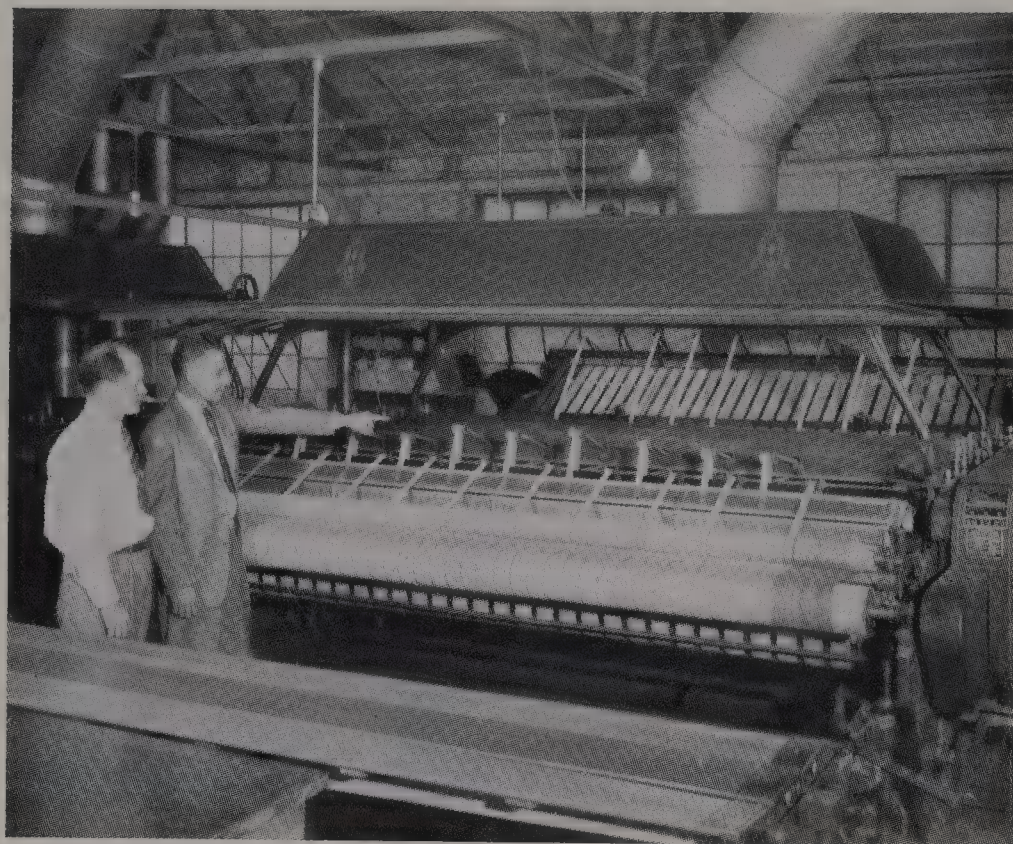
A. Bleach, used for this purpose, and used in the empty wheel is not practical nor advisable as it may cause a deterioration reaction on the inside of the equipment.

Q. What do you advise regarding the bleaching process with colored work? R. G., Tennessee.

A. Many hospital laundry room managers report that the use of hydrogen peroxide on colored work loads improves the character and quality of the colored work. And many are continuing to use this in light colored formulas. In general, however, it is much safer to omit the bleach process, increasing the detergency of the formula, setting up better colored work conditions for the end result for better work, than by using the small amounts of bleach.

X-RAY DISPLAY WINS PRIZE

A DISPLAY of a series of body section radiography, laminagrams of a chest lesion, won two prizes for the X-ray Department of Mt. St. Rose Hospital, 9101 South Broadway, St. Louis, Mo., recently. The exhibit took a red ribbon second prize at the four-state Midwest Conference of X-ray Technicians and third prize at the Missouri State Society of X-ray Technicians, held in conjunction with the larger conference, at Kansas City, Mo.



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Hand dishwashing. FAME* — a fast, yet gentle hand-dishwashing detergent that is effective in hard or soft water. Soaks dishes to a shine in minutes. Cuts dishwashing time and costs; provides fast, spotless drying. Ideal for heavy-duty cleaning tasks.

Rinse booster. POREEN — Wyandotte's highly concentrated, 100% effective rinse booster. Eliminates streaks and spots on dishes and silver; cuts dishwashing time and labor to a minimum. No need to towel glassware.

Germicide. ANTIBAC* — an approved germicide for use in final rinse. Is mildly acidic, makes clear solutions, leaves no films. Easy on the hands; offers excellent stability in storage, long solution life. Also a deodorant and disinfectant.

★ LAUNDERING

Builder. ARLAC* — boosts soil suspension and whiteness. A highly active alkaline detergent and soap builder, it cuts soap costs up to 30% over average builders, has high soil-suspension properties. Gives whiteness retention of 98% to 100%.

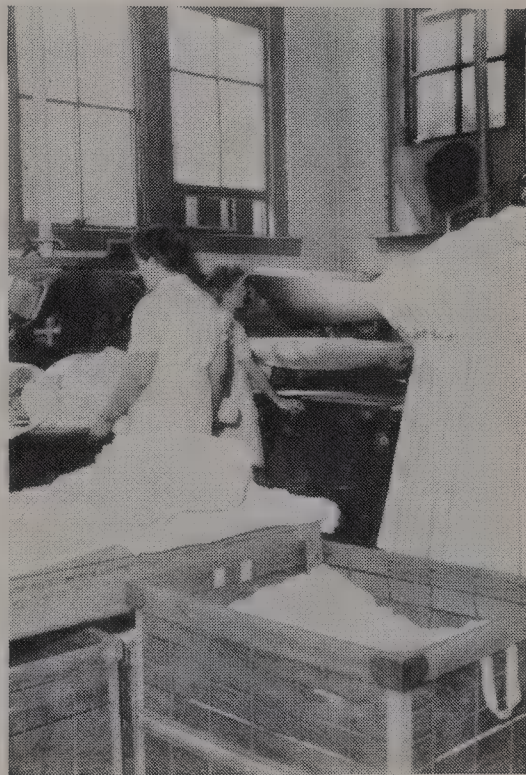
Laundry detergent. SKORTEX* — a powerful, yet gentle detergent, promoted with CMC, that is fast penetrating; speeds up cleaning action to give brighter washes. Soaks deeply into the load, loosens dirt from the start. Requires no additional soap.

Washing heavily soiled clothes. RIDDAX* — speeds action of washing, yet conserves fabric, leaves it soft and absorbent. Penetrates deeply, removing heavy soil and oil deposits. It is also ideal for overalls, mops, and kitchen towels.

Readily soluble sour. SOUR-TEC* — for extra alkali-neutralizing action. With uniform action, and excellent blue leveling, it tends to prevent bleeding of colors and iron stains. SOUR-TEC is safe on all fabrics commonly soured in laundries.

Safe, dry bleach. HALOX* — the revolutionary dry bleach. Safe on all fabrics, it increases fabric life, ends "graying." Gives whiter washes, removes stains better. Releases chlorine as it is used — a little at a time. Can't harm fabrics . . . ever!

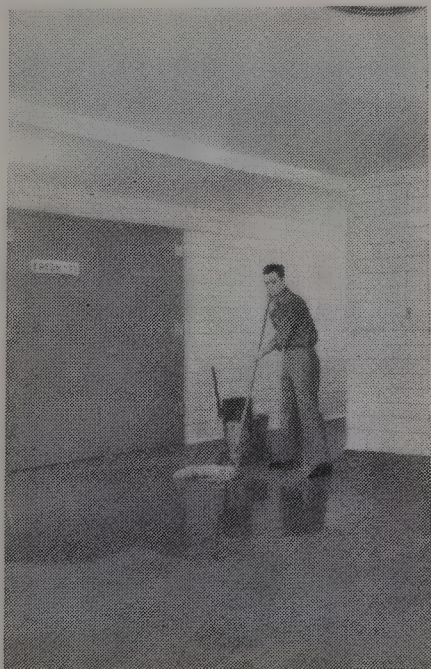
Faster, better ironing. PRIMARY SIZE — the successor to starch. This new textile sizing steps up production, gives fabrics that extra-fresh look and feel. Prevents sticking of pockets and sleeves, reduces after-iron wrinkling. Ideal for uniforms.



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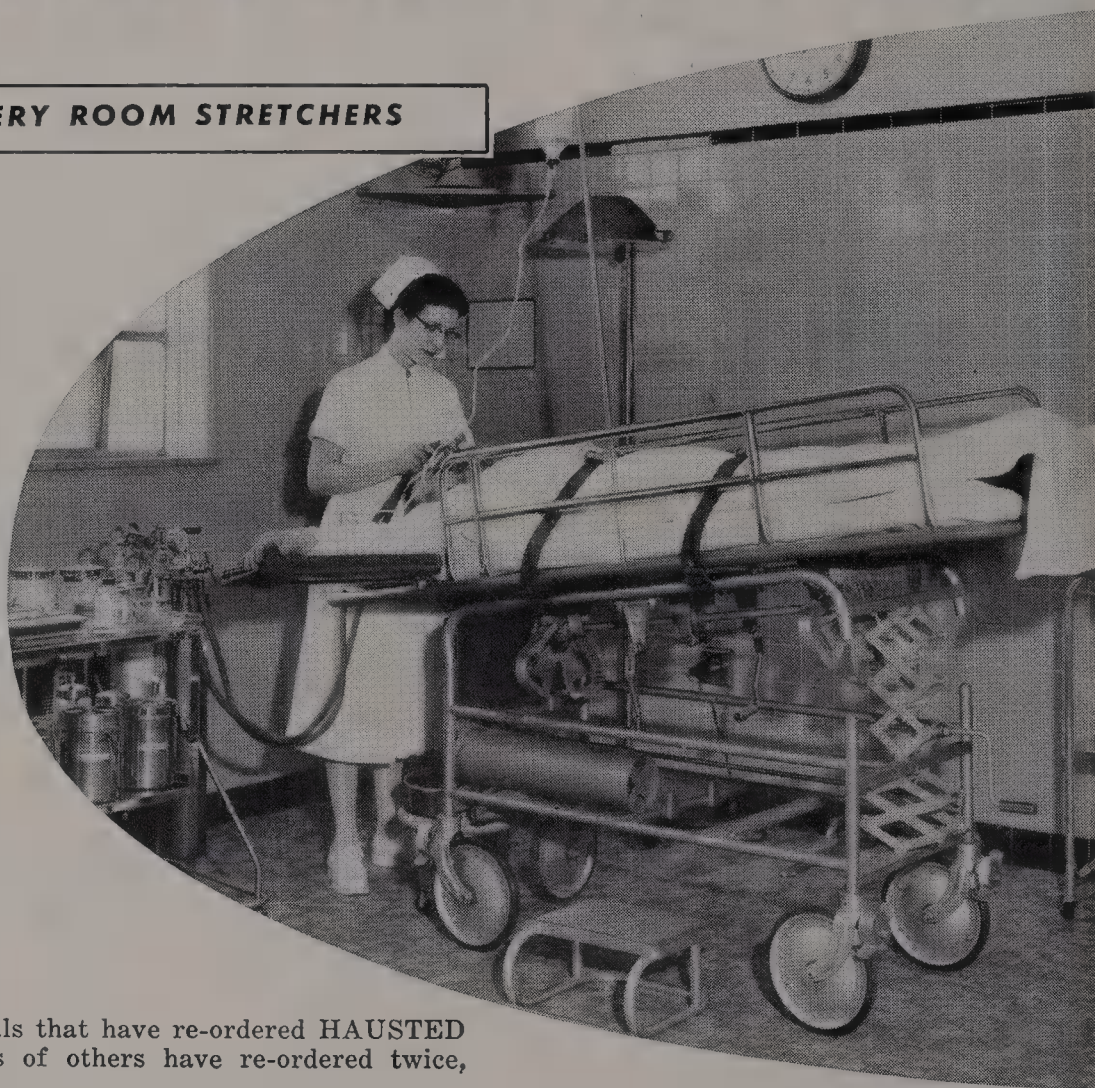
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Concord, North Carolina

Good Samaritan
Phoenix, Arizona

Kings County Hospital
Brooklyn, New York

Veterans Administration
Dayton, Ohio

Hinsdale San. and Hosp.
Hinsdale, Illinois

St. Mary's Mercy
Gary, Indiana

Lima Memorial
Lima, Ohio

Veterans Administration
Togus, Maine

Medical College
Charleston, S. C.

Marymount
Garfield Heights, Ohio

Baroness Erlanger
Chattanooga, Tenn.

Lewistown Hospital
Lewistown, Pa.

Mayview State
Mayview, Pa.

Middletown Hospital
Middletown, Ohio

McKeesport Hospital
McKeesport, Pa.

Mount Carmel
Columbus, Ohio

Mary Immaculate
Newport News, Virginia

Tampa Municipal
Tampa, Florida

Union Hospital
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ALEVAIRE® aerosol in the hospital

in neonatal atelectasis—

*"... results are impressive. This dreaded condition usually improved in a few hours, and it was really striking to see a cyanotic baby with gasping respirations and suprasternal retraction become relaxed and pink in such a short period of time."**



CASE REPORT

A typical Alevaire case history—D., a premature male infant (28 to 30 weeks) was delivered as a frank breech. Weight was 3 lb., 6 oz. After birth the patient's condition was poor; shallow, irregular respiration, suprasternal retraction, gasping and cyanosis were present. Breath sounds were diminished, and bilateral atelectatic rales were observed.

The infant was placed in an optimal oxygen concentration in an incubator. Although color and respiration somewhat improved, he remained lethargic. His condition became worse the following day, and respirations were rapid and shallow.

Alevaire aerosol was started and antibiotics were given. Within three hours respiration was deeper and easier, the color improved, and the infant was crying vigorously. Nine hours later, after continued improvement, the lungs were better aerated, the color was pink and respiration was regular.

The next day, the lungs were almost clear on auscultation and no respiratory distress was noted. Therapy was discontinued on the third day; the patient was discharged six weeks later weighing 5 lb., 7 oz.

Alevaire is supplied in bottles of 60 cc. for intermittent therapy and in bottles of 500 cc. for continuous inhalation therapy.

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- emphysema ▪ bronchiectasis ▪ lung abscess
- pneumoconiosis ▪ smoke, kerosene poisoning
- poliomyelitis (respiratory complications)
- routine oxygen therapy ▪ tracheotomy
- prevention of postoperative pulmonary complications

*Smessaert, Andre; Collins, V. J.; and Kracum, V. D.: New York Jour. Med., 55:1587, June 1, 1955.

Alevaire, trademark reg. U.S. Pat. Off.



Late Eugene J. Butler Praised in House; Senate Hears Tributes to F. C. S. P.'s

by WILLIAM A. REGAN, Attorney at Law • Washington, D.C.

AS A SINGULAR TRIBUTE to an outstanding Catholic layman and lawyer several members of both houses of Congress called the attention of their colleagues to the passing in death of Eugene J. Butler. Mr. Butler served his Church and his country in a manner that is an exemplary pattern for the Catholic layman and gentleman. The following tributes in full text appeared in the *Congressional Record* during the past several weeks following Mr. Butler's death:

Hon. Joseph L. Carrigg of Pennsylvania in the House of Representatives; 5/21/56:

"It is my sad duty to inform the members of the House of the passing of Eugene J. Butler, an eminent Catholic gentleman—known to so many of us. Probably no layman within our memory has accomplished more on behalf of his Church and his country, for he was devoted in his service to both."

Hon. John W. McCormack of Massachusetts in the House of Representatives; 5/21/56:

"Mr. Speaker, on Thursday last one of the most beloved men in Washington, Eugene J. Butler, died. Everyone who met Gene Butler was impressed by him . . . he was honorable and trustworthy. In his death I have lost one of my closest friends. I shall miss him very much."

Hon. John J. Rooney of New York in the House of Representatives; 5/21/56:

"I was deeply saddened by the passing last Thursday morning at Georgetown University Hospital of my dear friend of long standing, Eugene J. But-

ler. Because of his vast experience and legal knowledge he rendered an extraordinary service to his church and faith. He had a great amount of common sense. I always admired his uncompromising loyalty to his faith and the Christian principles in which he so deeply believed."

Hon. Louis C. Robaut of Michigan in the House of Representatives; 5/21/56:

"Mr. Butler was a man of sterling quality. He was a familiar figure here on the Hill, always interested in the less fortunate of the world. He will be missed in Washington and other places where his counsel was so often sought."

Hon. Eugene J. Keough of New York in the House of Representatives; 5/23/56:

"Mr. Speaker, I was profoundly grieved to learn of the death of Gene Butler a few days ago after a long and painful illness. The fortitude with which he bore the long ordeal of his fatal affliction was a mark of the sterling character that he had displayed in his daily work. Gene Butler will be sorely missed by his family, his employers and fellow workers, and by the membership of Congress."

Providence Hospital, Portland, Ore., Is Acclaimed in the Senate

On May 9, 1956, the Honorable Warren G. Magnuson of the State of Washington in the Senate of the United States delivered a tribute to the Order of the Sisters of Charity of Providence in the Pacific Northwest on the occasion of the 100th Anniversary

of the establishment of the Order in that section of the country.

Senator Magnuson remarked that not only has this Order of Sisters pioneered in religious and charitable work but that it has been outstanding in the field of hospital work.

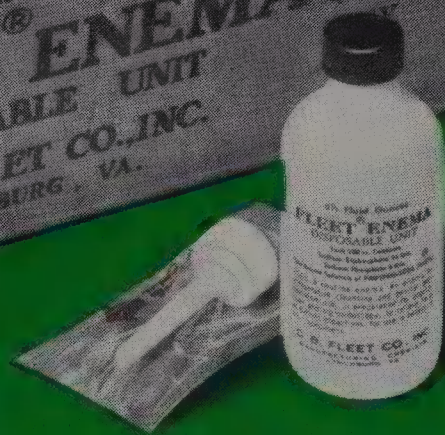
He told the Senators that in 1856 Mother Mary Joseph of that Order converted a log cabin into St. Joseph's Hospital. That was the first permanent hospital in the Pacific Northwest. It is still in operation and last year had 3,368 patients. In 1878 the first Providence Hospital was built and placed in operation in Seattle and now a Providence Hospital cares for more than 16,000 patients per year.

Senator Magnuson said that the Order of the Sisters of Charity of Providence has left a permanent mark on the entire North American Continent by establishing hospitals, schools and homes for the aged along the Pacific Coast from Anchorage and Fairbanks, Alaska to Burbank, California and from Seattle to Montreal.

The Senator commented that the applied Christianity of this Catholic Order of Sisters has known no racial, religious or monetary bounds.

On May 16, in the Senate of the United States, the Honorable Richard L. Neuberger of Oregon arose and requesting permission of the President of the Senate, paid another splendid tribute to the work of the Catholic Sisters of Charity of Providence in Oregon and made particular reference to Providence Hospital in Portland.

Senator Neuberger said that the Catholic Sisters of Charity of Providence have played a significant and humanitarian role in the health and well-being of the people in Portland and the Pacific Northwest operating



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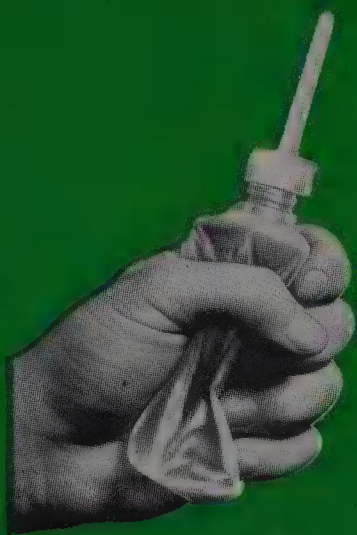
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The high quality of the FLEET ENEMA Disposable Unit is the same as ever. It is the *only* disposable unit with hand-size plastic squeeze bottle...with a rectal tube of proper length to minimize injury hazard...with exclusive rubber diaphragm to prevent leakage and regulate flow. Special Hospital Economy Pack (in full cases only) or the "Standard" pack, are available from your wholesaler. When ordering, please specify "FLEET ENEMA—Special Hospital Economy Pack" or "FLEET ENEMA Disposable Unit—Standard".

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three fine hospitals in the Portland area and a hospital in Vancouver, Washington. The Senator observed that the Sisters have devoted themselves to helping the sick, the poor and the needy, the aged and the orphans in a splendid example of Christian charity.

Revenue Rules on Returns Filed By Tax-Exempt Corporations

On April 23, 1956 the Internal Revenue Service, by Revenue Rule 56-176, ruled that tax-exempt organiza-

tions and trusts must file Form 1096 and 1099 Information Returns reporting payment of income. The exact text of the Internal Revenue ruling is as follows:

"Even though an organization qualifies for Federal Income Tax Exemption as an organization referred to in Section 401 (a), 501 (c) or 501 (d) of the Internal Revenue Code of 1954, it is nevertheless required to report payments of income specified in Section 6041 (a) of the Code. The Internal Revenue Service by Revenue

Rule 56-185 promulgated on April 30, 1956 set down certain criteria for determining whether a hospital is tax exempt under Section 501 of the 1954 Internal Revenue Code. The Internal Revenue service set out four primary tests to be met to qualify for exemption under Section 501 (c) (3).

1. The hospital must be organized as a *non-profit* charitable organization to care for the sick.

2. It must be operated to the extent of its financial ability for those not able to pay. It is not charitable merely because some of its patients *fail* to pay.

3. It must not restrict the use of its facilities to a particular medical group like a partnership.

4. Its earnings must not inure directly or indirectly to the benefit of any shareholder or individual.

In general, a community hospital partly supported by contributions or public grants will meet the tests. On the other hand, a hospital formed by one or more physicians in a community requires careful study to determine whether it is being operated in part to serve their interest, directly or indirectly. Generally, they either own stock in the hospital corporation or rent the hospital's services to a corporation which they control. ★

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Nursing School for Negroes to Close in 1958

St. Mary's Infirmary School of Nursing, St. Louis, Mo., the only school of nursing under Catholic auspices exclusively for Negro students, will be discontinued in 1958 when presently enrolled students complete the program. A desegregated school of practical nursing is planned following the termination of the diploma program.

Established by the Sisters of St. Mary in 1933, when few of the nation's schools of nursing admitted Negro students, St. Mary's Infirmary School of Nursing has graduated 340 Negro nurses, the majority from outside the State of Missouri. With the elimination of racial barriers to admission in many schools of nursing across the nation, there is little need for a Catholic school exclusively for Negroes. In the St. Louis area, Negro students are enrolled in St. Louis University School of Nursing, St. John's and De Paul Schools of Nursing in St. Louis, and St. Joseph's School of Nursing, Alton, Ill. Of the 327 U. S. Catholic schools of nursing, 143 report Negro students currently enrolled.

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From abrasions to anal fissures, from simple burns to hemorrhoids to herpes zoster—from A to Z—Nupercainal belongs in the hospital routine.

For it provides prompt, lasting relief from pain and itching. Considered as probably "the most potent local anesthetic currently available,"¹ Nupercainal has a low sensitizing index.

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CREAM, 0.5% Nupercaine in water-soluble base.

OPHTHALMIC OINTMENT, 0.5% Nupercaine in white petrolatum, with applicator-tip tubes.

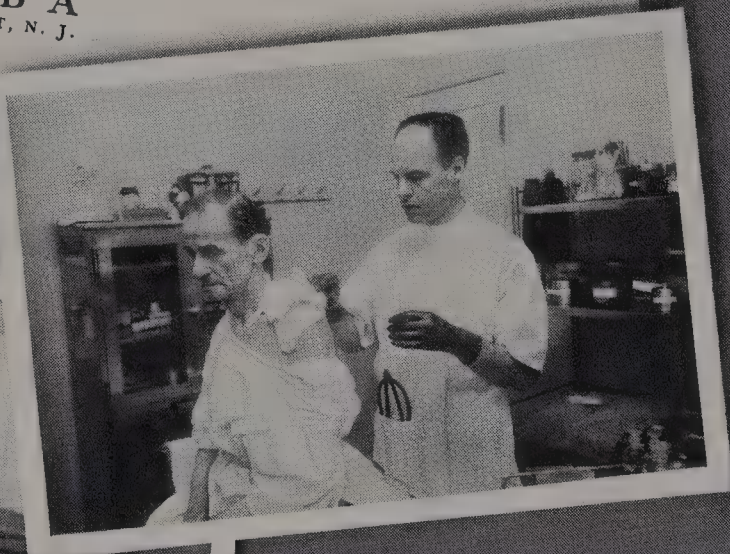
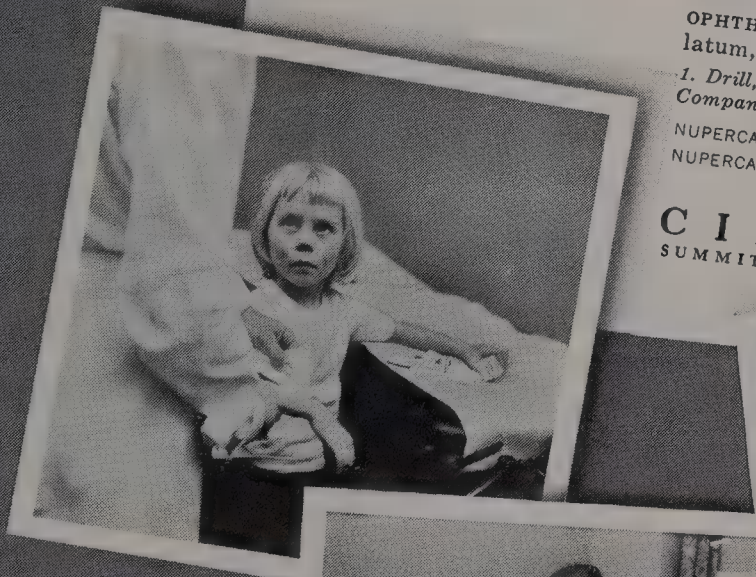
1. Drill, V. A.: Pharmacology in Medicine, McGraw-Hill Book Company, Inc., New York, 1954, p. 9/11.

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A letter or a telephone call will bring a Cumerford representative to you for a conference on your fund-raising problems... and at no cost or obligation to you. Cumerford, Incorporated, America's *growing* fund-raising consultants, 912 Baltimore Avenue, Kansas City 5, Missouri. Baltimore 1-4686.

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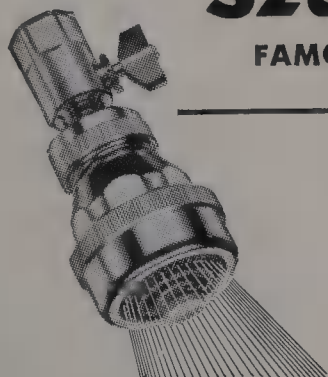
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Organizing Medical Service in Catholic Hospitals

by **EDWARD S. McCABE, M.D., F.A.C.P.** ■ Philadelphia, Penn.

THIS ARTICLE ENDEAVORS to present some constructive thoughts on what the medical department of an average-sized Catholic hospital should contain. The first problem in more than one large city might be to meet this goal without creating ill feeling by needed manipulations. Hospital administrators will usually avoid a direct approach and try many devious ways to work out a better program.

The medical department must have a Physician-in-Chief who is the senior man and spokesman for the medical service A. Under him should be an Associate Chief who by training and experience is capable of taking over in the Chief's absence. The associate must be a consultant in the strict sense of the word but there could be quite an age difference between them. The service should have two Assistant Chiefs, interested in completing their board requirements and usually with a residency background. Each service may have three clinical assistants, whose duties are primarily concerned with the out-patient department.

The same set-up would apply to Service B. Admissions to the ward would be alternated and teaching rounds should be on alternate days. A 300-bed hospital should have roughly five per cent medical ward beds.

It is very important that each hospital have a courtesy medical staff. These physicians can admit their own private patients and can be assigned to work in the out patient department along with the clinical assistants. This

gives them a feeling of responsibility and their age can temper the judgments of the younger men. The courtesy staff should have a representative who is elected every two years and who sits in on the Joint Conference Committee meetings.

The different subspecialties should have a chief who acts in a consulting capacity. One assistant would suffice. These subspecialties include cardiology, gastroenterology, metabolism and endocrinology, chest, allergy, hematology, and neuro-psychiatry. Rarely will there be enough need to set up a clinic in

of the staff should be more generally used.

A monthly clinical pathological conference with a pathologist, roentgenologist, internist and medical resident stimulates medical education. The medical journal club meeting is a very worth while endeavor.

The American Federation of Clinical Investigation is a good organizational affiliate for the younger staff men. One day a year should be reserved for the presentation of papers that interns, residents, and younger staff men submit as original work. A gift certificate may be donated for the best papers to give the occasion practical value.

This plan for organization can easily be accomplished in the large metropolitan center or in any city over 100,000 population. In smaller areas the requirements must be adjusted downward by necessity, but a teaching connection with a medical school would help to remedy the latter.

Certain medical schools are experimenting with the idea already, to the mutual benefit of both. It should be emphasized that a full-time physician, usually with rank of assistant professor, has been assigned in charge of a teaching program. A second-year resident rotates on a six-month basis to help implement the program. The hospital board of trustees or staff submit their appointments to the Dean and Chief of Medicine prior to confirmation. Occasionally they in turn will submit their own choices for consideration. For the most part, the associated hospital is autonomous. ★



the subspecialties, but a good referral system is essential.

The monthly staff meeting is usually the time for one of the staff members to present an unusual case. Occasionally, a symposium type of program is presented. It appears that guest speakers who are not members

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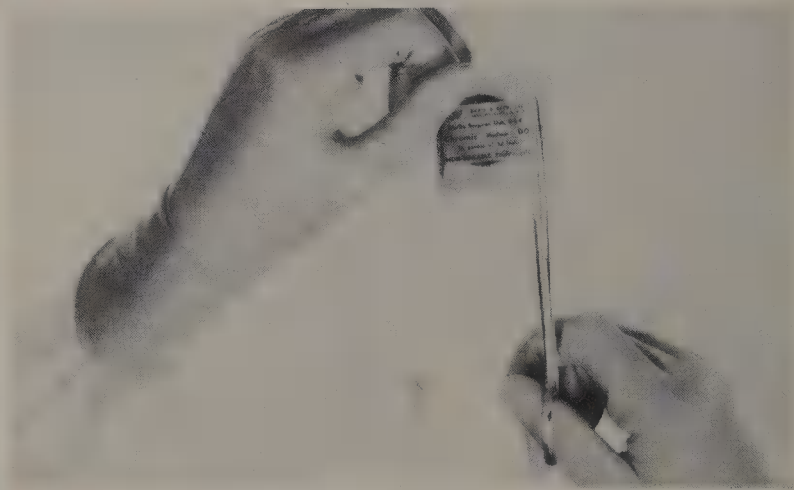
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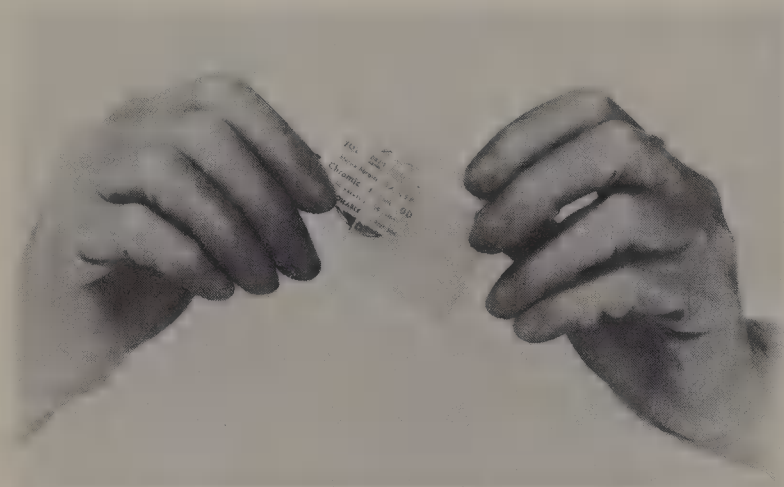
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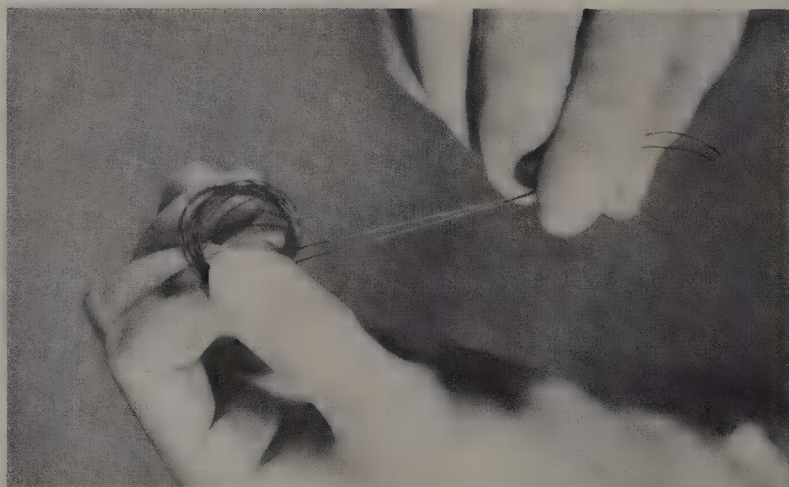
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LETTERS TO THE EDITOR

To the Editor:

I read with interest the article, "Fact-Finding for Time Studies," which appears in the May, 1956 issue of HOSPITAL PROGRESS. As an industrial engineer, I cannot quarrel with any of the points made in it, but I do question the advisability of presenting a technique of work meas-

urement in such a way as to imply that almost anyone, regardless of background, education or experience can and should undertake time studies. It is almost the same as giving directions to laymen as to the do's and don'ts of performing an appendectomy.

We industrial engineers who have cast our lot with the health field in an

effort to adapt industrial engineering and management principles and practices to hospitals have a two-fold task: (1) to live down the reputation we inherited from the non-professional and sub-professional practitioners who felt, as the article implies, that time study is simple enough for anyone to master; (2) to adapt (not transplant) industrial engineering and management principles and practices to an area which is infinitely more sensitive to malpractice and abuses.

I hope that my remarks will be taken in the vein offered, namely, to encourage everyone to help find ways of minimizing the cost of hospital care while maintaining an optimum quality of care, but without spoiling chances of success by ill-advised means.

Yours very truly,
HAROLD E. SMALLEY
Assistant for Management
Engineering to the Vice
Chancellor

University of Pittsburgh
Pittsburgh 13, Pennsylvania

[ED. NOTE: We are hoping to be able to present Mrs. Vestal's rejoinder in next month's issue.]

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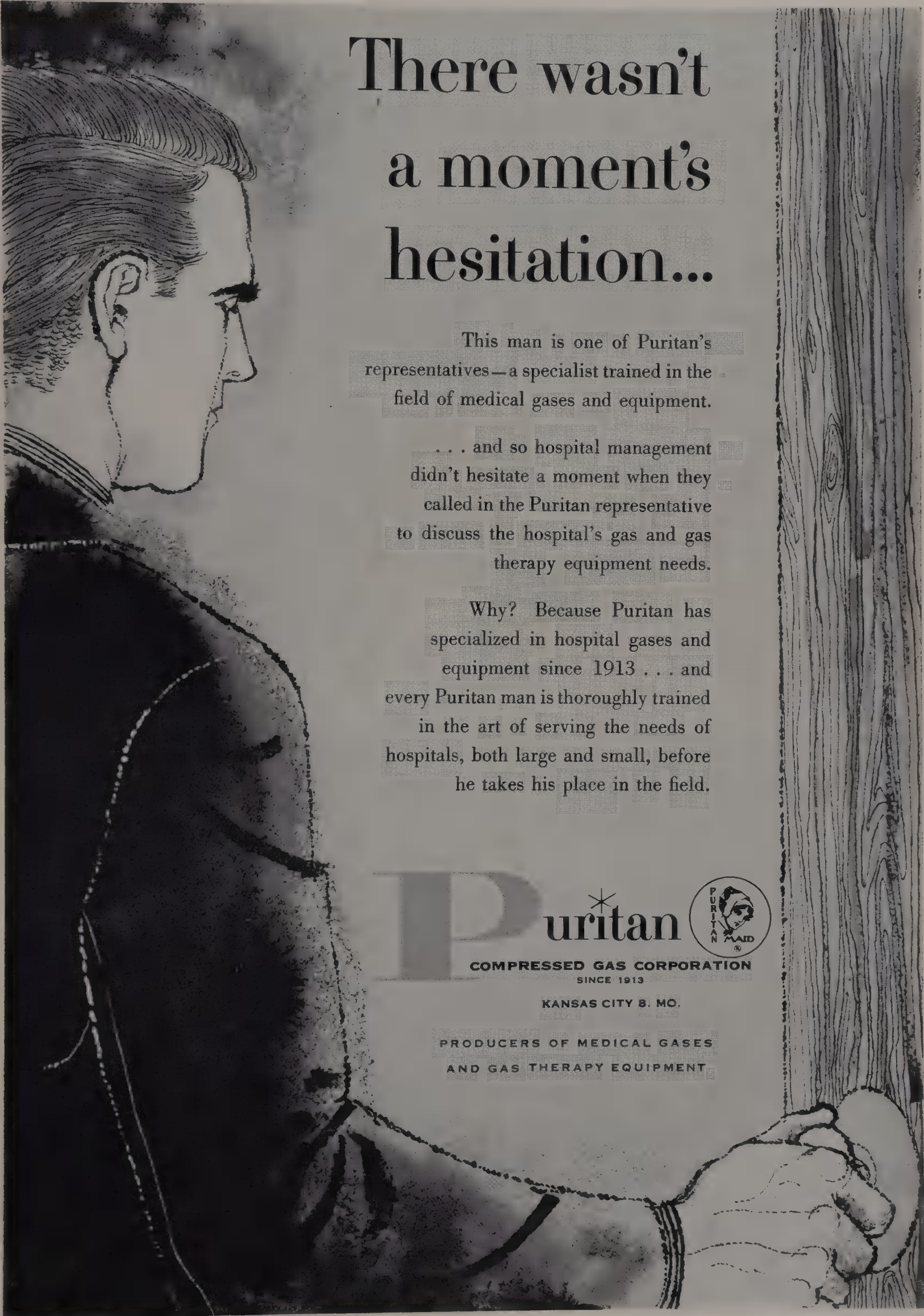
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NEW C.C.S.N. Council members are welcomed by Rev. John Flanagan, S.J., St. Louis, Mo., C.C.S.N. educational advisor. (l. to r.): Sister M. Camille, R.S.M., Springfield, Ohio; Sister Marian Catherine, S.C., New York, N.Y.; and Sister St. Catherine, S.S.J., Waterbury, Conn. (Sister Beatrix, S.C., Pueblo, Colo., was absent when this picture was taken).

C.C.S.N. Meeting Plans Leadership

THOSE NOT in Milwaukee for the Ninth Annual meeting of the Conference of Catholic Schools of Nursing missed:

One of the largest C.C.S.N. meetings ever held;

Speakers, such as Sister Bertrande, D.C. and Rev. Patrick Riley, whom we will be quoting for many months;

A close look at how we can prepare students for more effective leadership both as practitioners of nursing and as Catholics;

Consideration of how the employment situation in which the graduate will function, can be developed to encourage—rather than stultify—the exercise of leadership.

In different ways, expanding the theme from diverse viewpoints, a Sister social worker, a hospital chaplain and an associate professor of industrial relations told the Conference that those who lead must be sensitive to the needs of others and must be interested in helping others to achieve maximum satisfaction in their work.



OPENING SESSION OF THE C.C.S.N. (l. to r.): Donna Voell and Patricia Dix, Milwaukee, Wis.; Sister M. Ancina, O.S.F., Winona, Minn.; Sister Bertrande, D.C., Normandy, Mo.; Rt. Rev. Msgr. Joseph Brunini, Jackson, Miss.; Rev. Patrick Riley, St. Cloud, Minn.; and Carol Ryczkowsky and Carla Noth, both of Milwaukee.



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The social worker was Sister Bertrande, D.C. of Marillac Seminary, St. Louis, founder of Marillac House, Chicago, Ill., who gave the keynote address at the opening session on Saturday, May 19. The chaplain, also speaking at the opening session, was Rev. Patrick Riley, St. Cloud, Minn., hospital chaplain and instructor in religion and ethics at St. Cloud Hospital School of Nursing. Dr. John Brophy of Cornell University represented the professor.

Monsignor Brunini, now President of The Catholic Hospital Association,

opened the meeting. The several speakers enumerated some of the changes that will be necessary if "Today's Student" is to become "Tomorrow's Leader." Monsignor Brunini suggested that one change which will become necessary is the use of more lay nurse educators in order that the demands for expansion of schools of nursing may be met. Father Riley emphasized that administration and faculty must work together more closely, with more active student participation to form the stu-

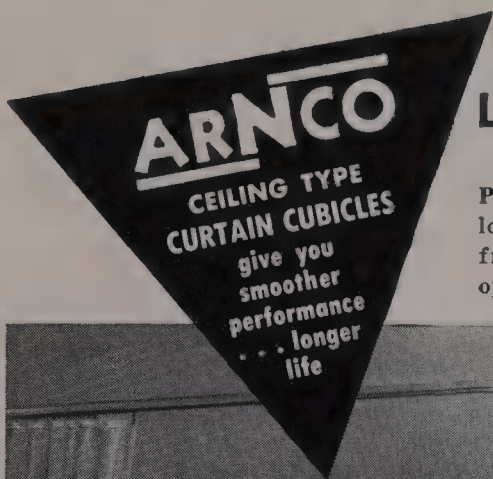
dent who understands her role in the lay apostolate and accepts responsibility for it. Sister Bertrande said that educators must accept and get acceptance from others of the changes which already have occurred in the function of the nurse, "from the vision necessary to make a few patients comfortable . . . to the supervision to oversee and coördinate the services rendered to a vast number of patients by auxiliary and sub-professional assistants."

Changes will be needed in the hospital, too, if the graduate is to be utilized to her full capacity, according to Rev. John J. Flanagan, S.J., Educational Advisor of C.C.S.N. He called for improvement of nursing service administration and of personnel policies. Miss Helen Weber, director of the Department of Nursing Education, Indiana University, described orientation and in-service education programs designed to enable personnel to receive maximum satisfaction from their work. The Director of the Division of Hospitals and Institutional Service of the Indiana State Board of Health, Dr. Martha O'Malley, pointed out the need for hospital personnel and medical staff to plan together for a type of patient care which is based on the needs of the patient rather than tradition.

But a word of caution against change merely for the sake of change was spoken by Monsignor Brunini. We should not argue from the fact of "oldness" or "newness," he said, but should evaluate patterns and proposals on their own merits.

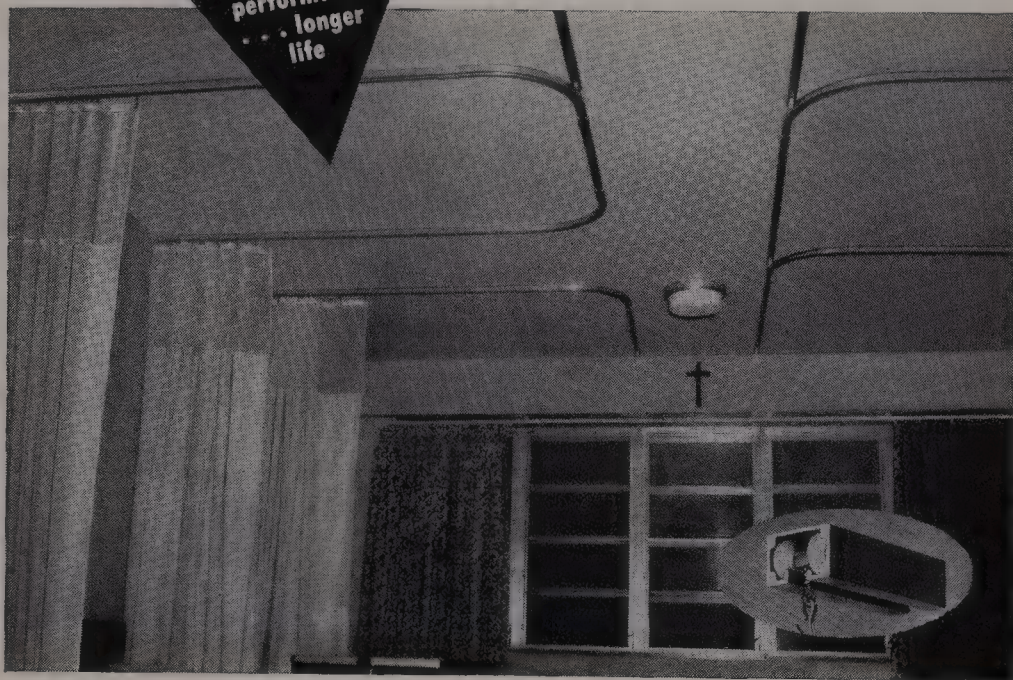
In her keynote address, Sister Bertrande described the leader as one who has the ability to bring out greatness in others. Such a person must have self-confidence, strength of character and personal integrity, she said. It is the director and the faculty who must provide opportunities for the student to develop emotional independence and self-reliance and who must provide opportunities for the student to "catch" from them the "delight of productive giving," freedom from feelings of inferiority, a sense of reality, adaptability, and ability to work well with others. She reminded nurse educators of their own responsibility to lead, pointing out that "directors are dedicated to the task of bringing out the greatness dormant in every student."

Preparation for leadership in the lay apostolate must begin when the student is in the community which is the school, Father Riley said. Steps in



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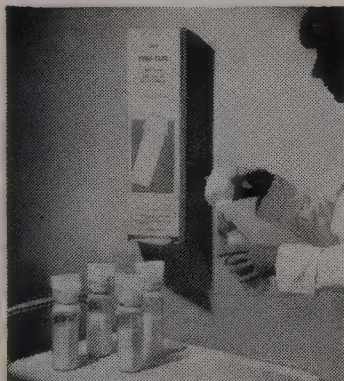
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training students for the lay apostolate suggested by him were, group deliberation and inquiry to discover problems in the community or school; judging these problems by comparison with the Christian ideal in the gospels, and, in the light of this comparison, correction of abuses. He emphasized the importance of preparing the laity to fulfill the important function of living Christianity in the world. "The lay apostolate must first of all develop responsible people who will take to heart the education of the whole man

and are worried about it for themselves and for their fellow students." Love for neighbor must enter in, he said, because apostles are not developed through knowledge alone.

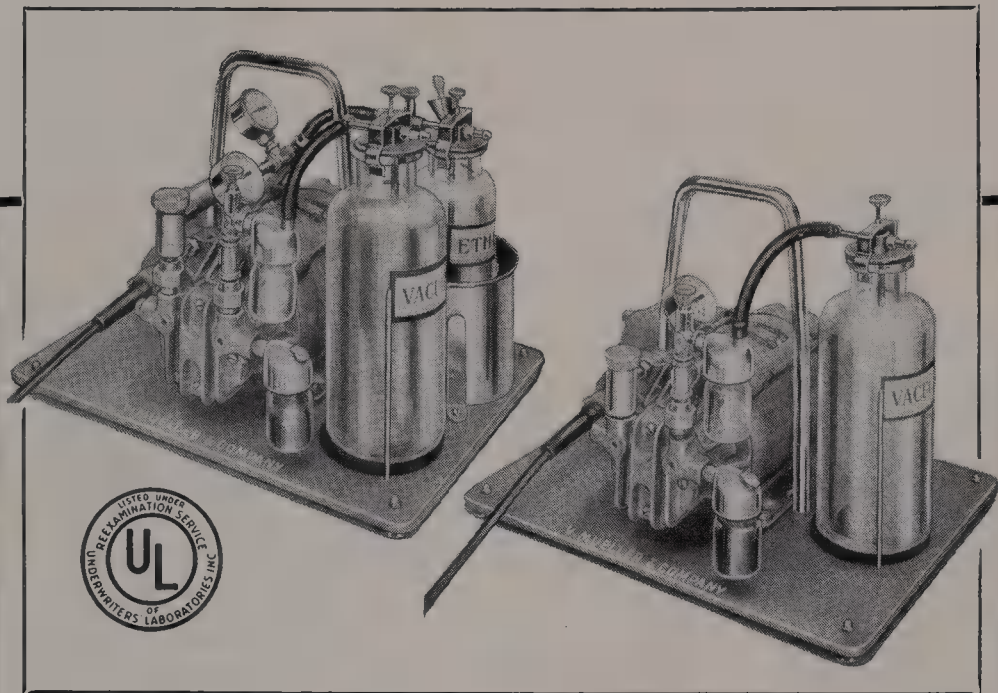
Sister M. Ancina, O.S.F., Winona, Minn., Council chairman, presided at the opening session. On the platform were student representatives from Milwaukee's four Catholic schools of nursing including Carol Ryczkowsky, Misericordia School of Nursing; Patricia Dix, St. Mary's School of Nursing, Carla Noth, Alverno College De-

partment of Nursing and Donna Voell, Marquette University College of Nursing.

It is not enough that the schools prepare leaders; there must be an opportunity for them to exercise this leadership. The several speakers at the two general sessions on Sunday, May 20, reviewed the various aspects of the employment situation as it affects the graduate's opportunities for leadership as a practitioner of nursing. Father Flanagan opened this portion of the program speaking on "Administration and the New Graduate." Hospital administration, in particularly nursing service administration, has not kept pace with advances in medical science and in nursing education, he said. The young graduate nurse has a right to expect a well-organized nursing service and good supervision. Without these, she cannot function at maximum capacity and may become frustrated and unhappy in her work. Another difficulty he mentioned is the lack of written personnel policies and the failure of administration to provide sufficient opportunity for nursing service and other personnel to talk over their difficulties. "It is futile to waste time on recruitment unless we are prepared to take the steps necessary to make nursing a satisfying and reasonably rewarding occupation," Father concluded.

More far-reaching changes in the hospital were suggested by Doctor O'Malley. Specifically, she called for a re-definition of patient care and for a plan of patient care in each hospital—based on the need of patients for care. Hospitals have not taken into account changes which have taken place in the number of patients being admitted, their diagnoses and the types of care they need, she said. And while nurses are often blamed for poor patient care, a lack of direction and absence of a unified approach to patient care may be at fault.

One of the ways to achieve personnel satisfaction and, at the same time, improve patient care, is the establishment of a good orientation program, according to Helen Weber. Such orientation programs should consider the employee's needs as a person, the overall hospital and the employee's work as it relates to hospital purpose, structure and activity. Throughout the period of employment, the values begun in the orientation program can be sustained by means of an in-service program, Miss Weber suggested. Presiding at this Sunday morning session was



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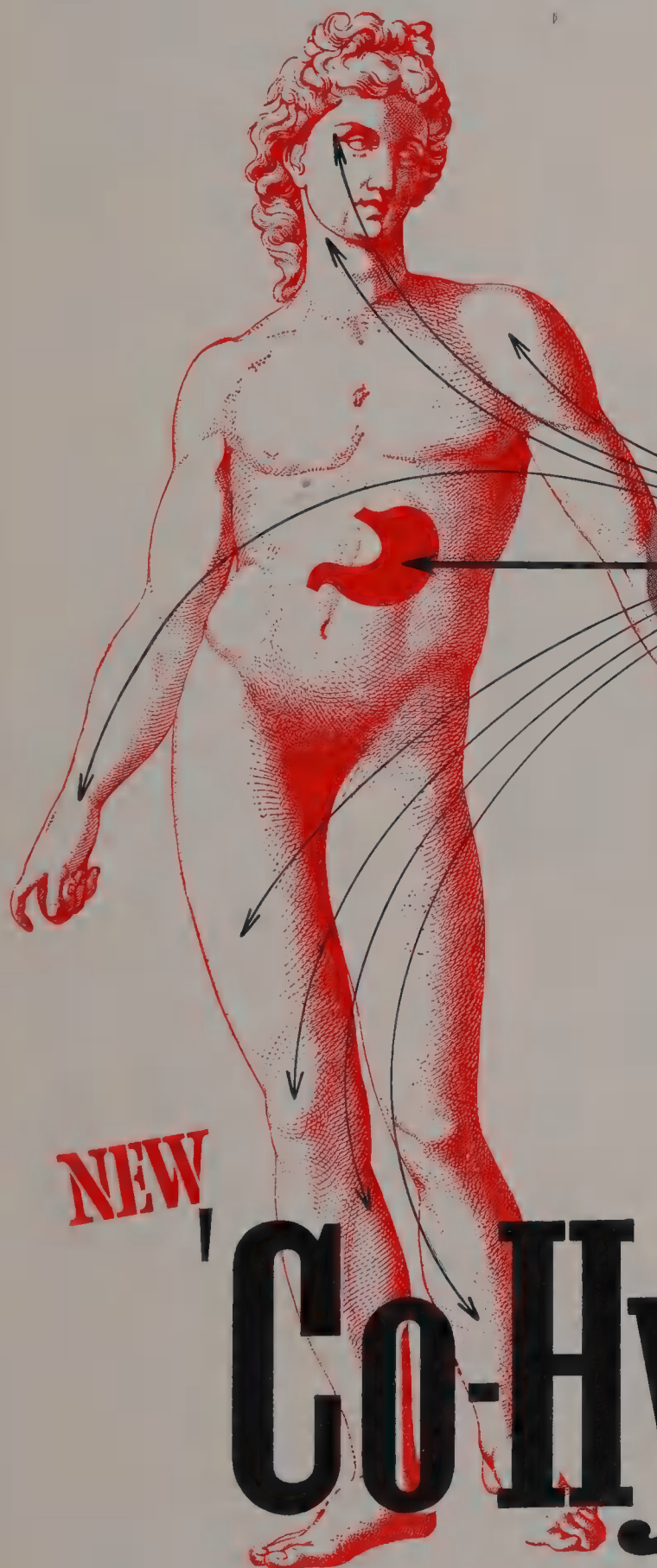
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Sister M. Agnita Claire, S.S.M., Director, St. Mary's School of Nursing, Madison, Wis.

At the closing session, Dr. Brophy, the principal speaker, was assisted by a listening panel composed of Sister Loretto Bernard, S.C., Administrator, St. Vincent's Hospital, New York, N.Y., Sister Francis Xavier, G.N.S.H., Director, D'Youville College School of Nursing, Buffalo, N.Y., Miss Adele Stahl, Executive Secretary, Wisconsin State Department of Nurses, Madison,

Wis., and Miss K. Mary Straub, Director of Nursing Service, St. Mary's Hospital, Grand Rapids, Mich. Presiding at this session was Miss Gladys Kinery, Dean, Loyola University School of Nursing, Chicago, Ill.

"Concepts in Collision," the subject of Dr. Brophy's remarks, were enumerated as the concept of a static economy versus the concept of a dynamic economy; the philosophy of "hiring hands" versus the concern for the employee as a human being; and ar-

rested versus assisted management development. Reviewing the statistics of population increases and predicted future increases, Dr. Brophy pointed out that in a few years there will be more jobs and fewer people in the age bracket from which jobs are filled. "With fewer people available, we are going to have to depend upon better production methods, higher individual efficiency, and our success will depend largely on our managerial ability." The increasing attention to the employee as a human being has come about as a result of executive insight, realization that you can buy a man's time, but not his loyalty, and as a result of the trade union movement, he said. "Our responsibility and our challenge to tomorrow's leaders is to develop a sympathetic insight into the needs and aspirations of people, wherever they are, then to use our technical, conceptual and administrative skills in helping them to satisfy their needs, to elevate their aspirations and enlarge the well being of others," Dr. Brophy concluded.

Commenting on Dr. Brophy's remarks in terms of hospital administration, Sister Loretto Bernard suggested that there are some concepts in collision in the hospital as well as in industry. She said institutional nursing must be made more attractive and the change in the concept of patient care needs definition and needs to be understood by nurses in hospitals.

Miss Straub emphasized that the very first interview with the prospective employee sets the tone of employer-employee relationships and can help or hinder the employee in achieving job satisfaction.

Sister Francis Xavier expressed the belief that the responsibility of educators for this leadership development is tremendous. "Until we help to form in this young woman strong convictions of a right way of life, we will never get very far," she said. Selection of students who have the potential and the opportunity for students to "catch on to the ways of living" are important, she advised.

Miss Adele Stahl commented that nurses should have realized long ago the need to improve conditions so that young nurses would not become so frustrated as to leave the profession. Maybe nurse educators have instilled some wrong ideas, she suggested, such as the idea that only an R.N. can care for patients.

Summarizing, Dr. Brophy stated



One corner of the main waiting room, Albert Einstein Memorial Hospital.

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that the technical advances and the population adjustments compel changes in the behavior of those coming into the profession and those now in it. He said it is no longer possible to accumulate in school enough preparation to last a lifetime of service.

One session, planned jointly with the Committee on Dietetics of the Catholic Hospital Association, was devoted to a discussion of "Correlation of Diet Therapy in the Basic Program." It is reported elsewhere in HOSPITAL PROGRESS.

Business Meeting

Delegate representation at the Ninth Annual Meeting totaled 200 persons from 43 states and the District of Columbia. At the business meeting on Saturday afternoon, May 19, the report of the tellers was read by Sister Mary Ruth, S.S.J., Parkersburg, W.Va., and Sister M. Ancina, O.S.F., Winona, Minn., Council Chairman declared the following Council members elected:

Sister St. Catherine, S.S.J., Director, St. Mary's School of Nursing, Waterbury, Conn., representing diploma programs;

Sister M. Camille, R.S.M., Director, Mercy Central School for Practical Nurses, Springfield, O., representing practical nurse programs;

Sister Marian Catherine, S.C., Director, St. Vincent's School of Nursing, New York, N.Y., representative at large;

Sister Beatrix, S.C., Director, De Paul School of Nursing, Pueblo, Colo., representative at large.

Retiring members of the Council include: Sister Mercedes, D.C., Director, St. Mary's School of Nursing, Milwaukee, Wis., Sister M. Janice, R.S.M., Director, McAuley School of Practical Nursing, Pontiac, Mich., Sister Georgette Leduc, s.g.m., Director, St. Vincent's School of Nursing, Toledo, O., and Miss Mabel C. McCracken, Educational Director, St. Mary's School of Nursing, Evansville, Ind.

The Secretary's Report reviewed admissions to Catholic schools of nursing in 1955, a 1.9 per cent increase over 1954, and reported some of the new developments in Catholic schools of nursing, including a school to be established in the fall of 1956 offering a three-year "day school" program, a three academic-year program, and two recently established "two year plus senior experience" programs.

Sister M. Ancina, Chairman, reported for the Council. The report discussed the Council's study of the junior college program, and stated that continued study would be necessary. The most serious problem facing nursing education, said the report, seems to be lack of qualified faculty rather than type or control of program. (A request for a show of hands where institutions now have faculty vacancies brought almost every delegate's hand aloft.)

At a re-organization meeting of the Council immediately following the

business meeting, Sister M. Bonaventure, P.V.B.M., Sioux Falls, S.D., was elected chairman of the Council for the coming year and Sister Francis Xavier, G.N.S.H. was named vice-chairman, succeeding Sister Mercedes, D.C. ★

"Nursing News & Notes," which this month comprises a summary of the proceedings of the American Nurses' Association convention in Chicago, will be found beginning on page 119.

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Time_____

Please check your Department:

Office_____

X-ray_____

Nurses Home_____

Surg._____

Stores_____

Med. Rec. _____

Request _____

Cent. Supply_____

Lab. _____

Kitchen _____

Boiler Rm. _____

Hskeep. _____

Chap. Qtrs. _____

Check Floor:

1st_____

2nd_____

3rd_____

4th_____

5th_____

Other_____

Signed _____

Approved _____

Administrator or other Supervisor

Assigned to: _____

Work Started _____ Completed _____

Engineer or Utility Man _____

(Signature)

Figure I

Controlled Maintenance

by JOHN HOLMGREN, Administrative Assistant,
Sisters of St. Joseph Hospitals
Central Administrative Office,
Wichita, Kans.

WICHITA-ST. JOSEPH HOSPITAL in Wichita consists of a general hospital of 280 beds on the east side of Wichita and a separate, 85-bed general and psychiatric division on the west side. Both are operated by the Sisters of St. Joseph.

In October, 1955, the maintenance program at the west side division was reviewed. The Administrator decided that certain procedures should be es-

tablished on an experimental basis to improve the maintenance program. The following existing problems were determined as a basis for a revised program:

1. There was little centralized control of maintenance and repair orders, with each department calling the engineer for repair work. Administration did not always know of repair work in progress, nor were the work

orders co-ordinated as to schedule, priority, or need.

2. A study and re-evaluation by administration was indicated in the basic trade skills most needed in the division's repair, building and grounds program. Was it electrical, plumbing (including boiler maintenance) or carpentry, or a combination of several of these skills? No previous record of work order experience had been maintained to help determine this trend.

3. Were all repair orders necessary? The administrator needed to know more about the operating maintenance requirements of the hospital, since she had not always been informed of the nature or extent of such projects.

4. Were contract specialists being called from outside firms when necessary? What work was being performed by contract firms which could be handled by a good hospital maintenance program as an economy measure? When would outside help be more economical?

At the outset of the program, a new Maintenance Engineer was appointed, after screening more than 50 applicants. It was believed that hospital maintenance was primarily a plumbing problem, with boiler and heating system maintenance of paramount importance, the final choice was made on the basis of plumbing and heating experience.

A new maintenance work order was devised to start a controlled maintenance program. This form (see Figure I) was an attempt to solve the questions posed at the outset of the program. A five-month period was set as the "study period" for determining winter maintenance trends and for projecting future maintenance plans.

The work order procedure was developed in such a manner as to give the administrator knowledge and approval of all maintenance activities involving manpower combined with the use of tools and materials.

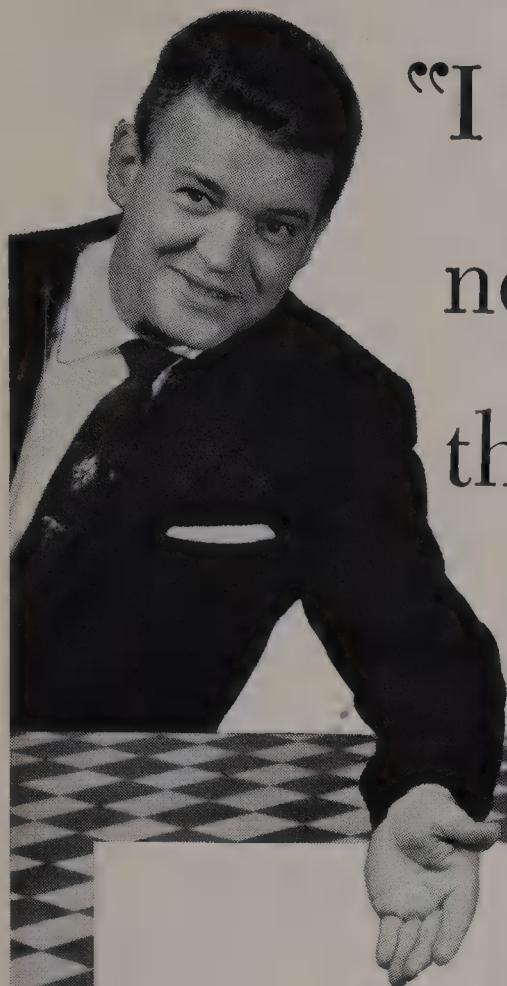
A meeting was called and the new form and procedure explained to all department heads. It was established that:

1. Only department or floor supervisors would be authorized to initiate work orders.

2. The administrator (or her assistant) must approve all work orders, indicating whether the order should be worked by the Maintenance Engineer on day duty, or by the evening or night utility man.

BREAKDOWN OF MAINTENANCE WORK ORDERS FOR A FIVE-MONTH PERIOD		
WICHITA-ST. JOSEPH HOSPITAL UNIT NO. 1		
Maintenance Category	No. Orders	Percent of Total
Plumbing and Boiler	50	20%
Carpentry	77	31%
Electrical	61	24%
Miscellaneous (Repairs, including building repairs)	62	25%
Total	250	100%

Figure II



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MAINTENANCE

(Continued from page 112)

3. All maintenance work orders were filed at the switchboard, a central, 24-hour service in the lobby of the Division building. Maintenance personnel were instructed to make two personal checks while on duty to collect new orders, or to turn in completed orders, *except* where immediate action was necessary. In that case, the floor supervisor would request that priority be given her order by adminis-

tration—and the work order would be processed immediately.

4. Work orders, while pending completion, were to be posted under the responsible Maintenance Engineer's clip board in the boiler room. Twice a month, administration would review the status of these orders with the maintenance engineer. Where necessary, administration would help expedite orders by obtaining needed tools or materials over \$10.00 in cost.

5. Completed orders were to be signed by the maintenance employee

completing the order and turned in to the administrator's secretary. A record of each order would be posted in a "Work Order Log" by the secretary. This log would be used periodically for review, check, and follow-up purposes by the administrator.

The procedure went into effect and was followed closely by the administrator for five months, a summary of work orders was made from the Work Order Log, indicating answers to several questions posed at the beginning of the project. (See Figure II.)

The above orders do not include verbal orders on all requests which did *not* involve tools and materials, as for example, changing light bulbs, decreasing or increasing heat in the plant, maintaining sidewalks, and keeping grounds clean.

It is estimated that at least 85 to 90 per cent of all work accomplished during this period by hospital maintenance personnel has been covered by an authorization, the maintenance work order. As time continues to establish the standardization of this procedure, supervisors are becoming more and more accustomed to the need for completing the "work slip" as they now call it.

If the work involves expensive tools and equipment, outside firms are called in to complete the job, after discussion by the administrator and maintenance engineer.

The results of the work order procedure have been so satisfactory that it is now in permanent use. The goal is 100 per cent coverage of all maintenance work requiring tools and materials by a work order.

The study indicated that outside electricians were called more than any other contract or outside service.

One important result of the survey and the written record of the work orders processed, has been the appointment of a new electrician-engineer. This is expected to decrease most of the calls for local service from contract electronics firms. It was noted that the plumbing skill required in the maintenance program was secondary to the higher and more technical electrical skills involving repair of armatures, motors, compressors, air conditioners, paging systems, speakers, radio and record players, electrical wiring for light and power and electronic boiler controls.

Although carpentry orders were
(Concluded on page 119)



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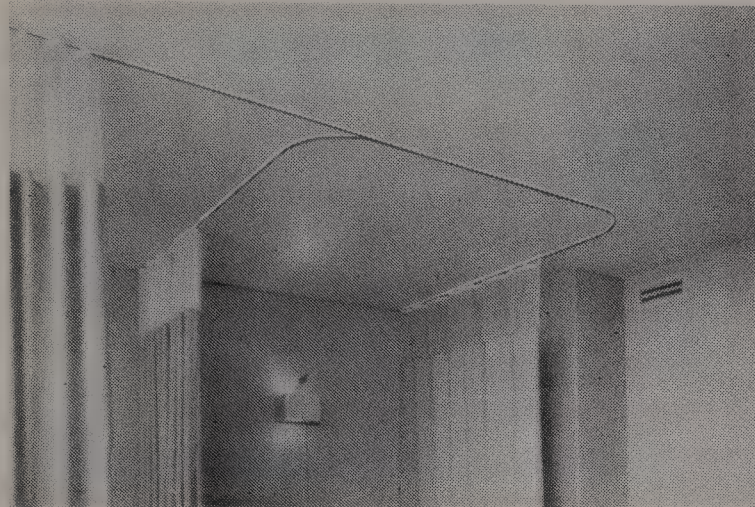


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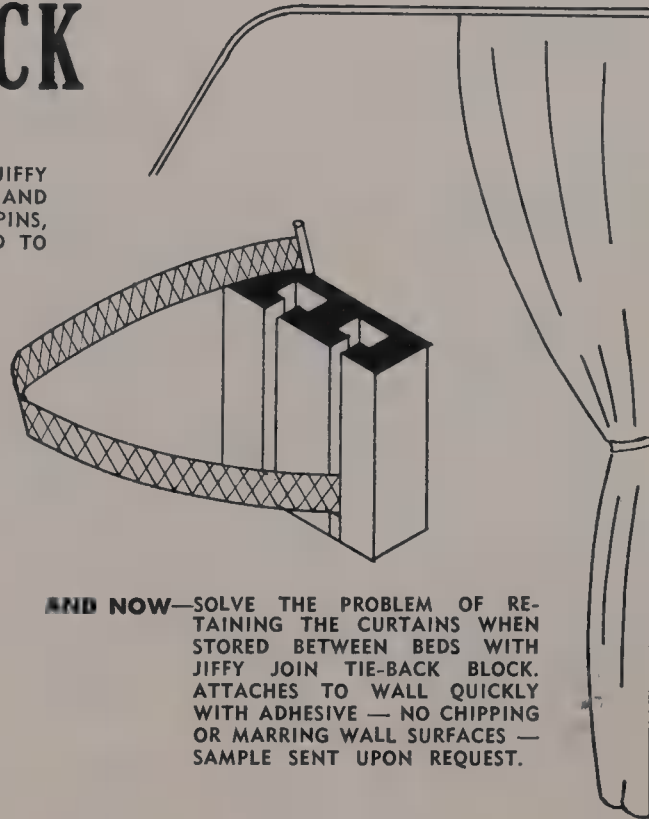
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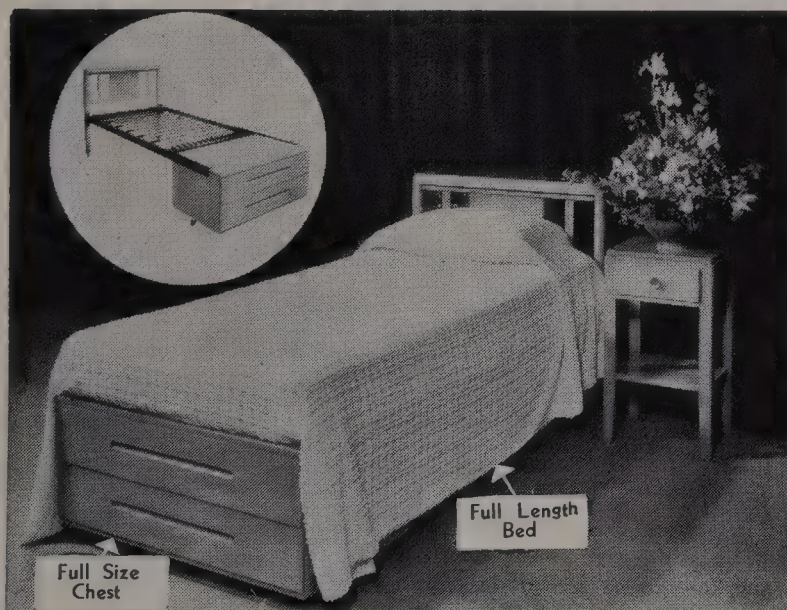
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—RALPH J. MERESICKY: *Firmin Desloge Hospital, St. Louis, Mo.*

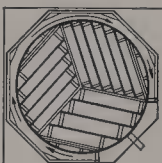
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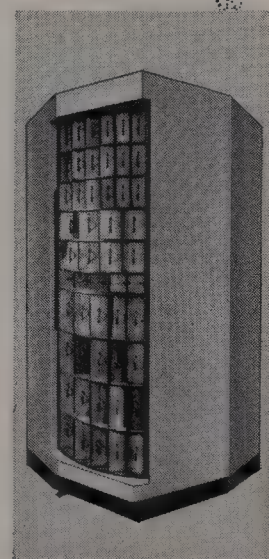
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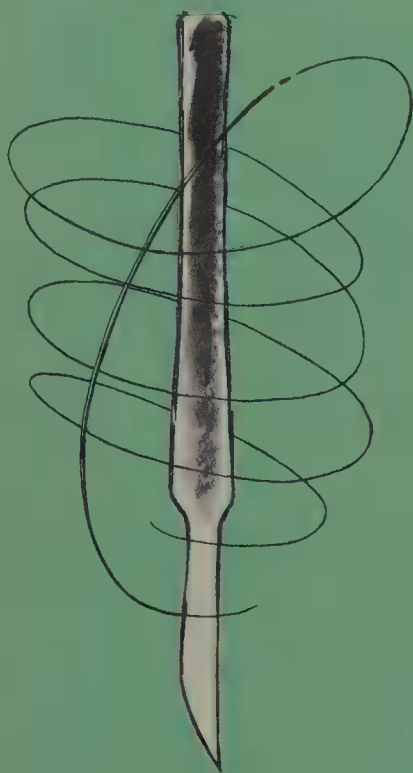
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- susceptibility to shock during anesthesia and operation
- tendency to liver damage
- delay in wound healing
- susceptibility to infection

Ravdin¹ also suggests that in the absence of frank signs of deficiency it is nevertheless reasonable to assume that deficiency exists whenever illness has been prolonged, particularly in the face of faulty dietary intake.

1. Ravdin, I. S.: Symposium on Nutrition in Surgery, Editorial, Am. J. Clin. Nutrition 3: 447-448 (Nov.-Dec.) 1955.

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(Concluded from page 114)

high (77 per cent), the work orders involved minor repairs on furniture, woodwork, shelving, and other semi-skilled carpentry.

It has been said that ours is an electronic world, and it seemed apparent in the review of the work orders processed for this period. The skills of plumbing, carpentry, and painting, did not appear to require the same high level of technical knowledge as required in electrical work.

Early resistance to the idea of work order procedure was apparent in the manner in which supervisors and employees persisted in requesting work verbally. But the work order procedure now seems to have become an accepted part of the hospital administrative system.

More work orders are being requisitioned at the time weekly requisitions are turned in for records and forms! Nursing personnel can appreciate an explanation that likens itself to the "doctor's orders" so necessarily a part of patient care.

A work order procedure certifies the need for treatment of maintenance ills and the diagnosis and follow-up care required for an important maintenance patient, the hospital!

In summary, this presentation argues that a written work order is necessary and helpful in a good hospital maintenance program, for the following reasons:

1. The work order is an authorization for the expenditure of man-hours, and the use of tools and materials required in a hospital repair job.

2. The work order can be followed to completion. There is less opportunity for "passing the buck" by maintenance personnel.

3. The work orders can be logged in and tallied periodically to determine primary maintenance needs and problems and to help in establishing a preventive maintenance program as well as an economical maintenance system.

4. Work orders help eliminate duplication in work effort or of work which may be unnecessary because of future maintenance or building plans.

5. The engineer has authority to perform his proper functions—he has certainty in his work.

6. Maintenance is a shared experience involving administration, the department, and the responsible agency—the maintenance unit. ★

A.N.A. MEETING

THE AMERICAN NURSES' ASSOCIATION met in Chicago, May 14-18, for its 40th annual convention. A total registration of 11,080 persons was reported. Miss Agnes Ohlson, chief examiner, Connecticut Board of Examiners for Nurses, was re-elected president.

Elected as first vice-president was Mrs. Myrtle H. Coe, assistant professor, University of Minnesota School of

Nursing. Other officers elected included Mathilda Scheuer, Philadelphia, Pa., second vice-president; Lucy D. Germaine, Detroit, Mich., third vice-president; Frances L. A. Powell, Chicago, Ill., secretary (re-elected); Alice Topzant, Milwaukee, Wis., treasurer. Elected to four year terms as directors were Agnes E. M. Anderson, Orlando, Fla.; Margaret Filson, Chicago, Ill.; Evelyn Hamil, Hondo, Calif.; and Anabelle Peterson, Washington, D.C.

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of Landers, Frary & Clark, New Britain, Conn.

Four members elected to serve on the nominating committee for the next biennium included Frances H. Cunningham, Cleveland, O.; Mrs. Catherine Gehrman, Omaha, Neb.; Mrs. Ruth B. Selby, Philadelphia, Pa.; and Flora R. Wakefield, Raleigh, N.C.

The final ballot used by delegates for voting differed somewhat from the preliminary ballots which had been distributed because of the withdrawal of one candidate and the discovery that another candidate was not quali-

fied according to the by-laws. The disqualified candidate was Sister M. Theophane, S.C.M.M., who holds an office in the American College of Nurse-Midwifery. During the House of Delegates meeting at the convention, this by-law was revised so that candidates for A.N.A. election may hold office in one other national nursing organization at the time of A.N.A. candidacy.

Delegates heard a progress report on the demonstration project on the economic security program authorized at

the 1954 Biennial. The project, in operation in Illinois since July, 1955, will terminate in July, 1956 as a demonstration. At the same session, the House of Delegates approved two resolutions having importance for the economic security program. The first resolution, proposed by the chairman of the Committee on Economic and General Welfare, calls upon the President and Congress to bring about amendment of the Taft-Hartley Act of 1947 to remove the exemption granted to non-profit hospitals. The resolution was passed with little discussion and, to one observer, unanimously. The second resolution, proposed by Miss Shirley Titus, urges each state nurses' association to promote the elimination of hospital exemption from existing state labor relations laws and to promote the enactment of comprehensive state laws to require mutual negotiations between employers and employees.

Bolton Resolution

A.N.A.'s position in opposition to H.J.Res. 485 (the Bolton Resolution) came in for considerable discussion but was finally supported by the House of Delegates.

Newly-elected officers of the Educational Administrators, Consultants, and Teachers Section include Helen C. Hanson, Minnesota, chairman; Julia Herford, Tennessee, first vice-chairman; Virginia Murphy, South Dakota, second vice-chairman; Madeleine Ritter, California, secretary; Sister Virginia, D.C., Missouri, executive committee; and Mrs. Marie S. Andrews, Massachusetts; Caroline Hauenstein, Indiana; and Margaret Wright, Maryland; committee on nominations.

Salaries and Policies

A preliminary report was given at the EACT Section on a "Survey of Salaries and Personnel Practices for Teachers and Administrators in Nursing Education Programs." Of particular interest to HOSPITAL PROGRESS readers should be the finding that, except in one category position of involving relatively few people, the median salary in church-related schools is lower than that reported by either governmental-controlled or non-church related private institutions. The complete report of this study will be useful to the EACT Section in evaluating the effect of existing personnel policies and salary scales on the critical shortage of nurse educators. ★



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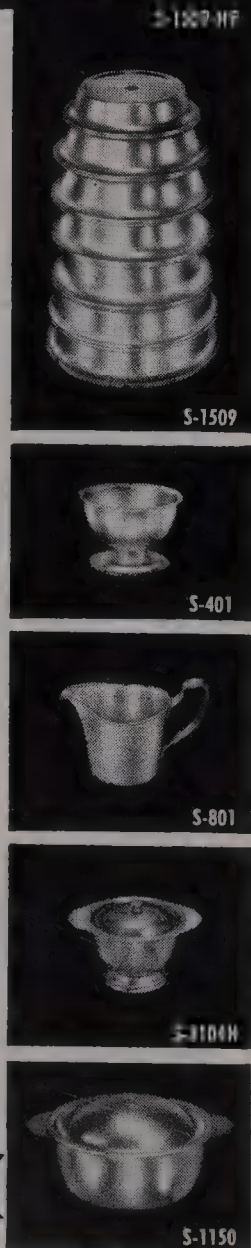
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WRITE FOR BROCHURE
GIVING COMPLETE INFORMATION
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"HOSPITAL ACCEPTED"
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We Offer a Solution to Your Problems

CONSULTANT SERVICE . . . We will make a complete survey of your records and your problems, free of charge, and recommend appropriate steps for protecting and preserving your records including definite cost detail.

RECORD PREPARATION AND CLEANING . . . The sequence of your charts are checked. All folders are placed in their proper sequence. We remove staples, mend worn or torn documents, eliminate those records you do not wish to microfilm and make your files completely ready for filming.

INDEXING . . . Before files are microfilmed our own special indexing system is applied so that reference to the finished microfilm is quick and easy.

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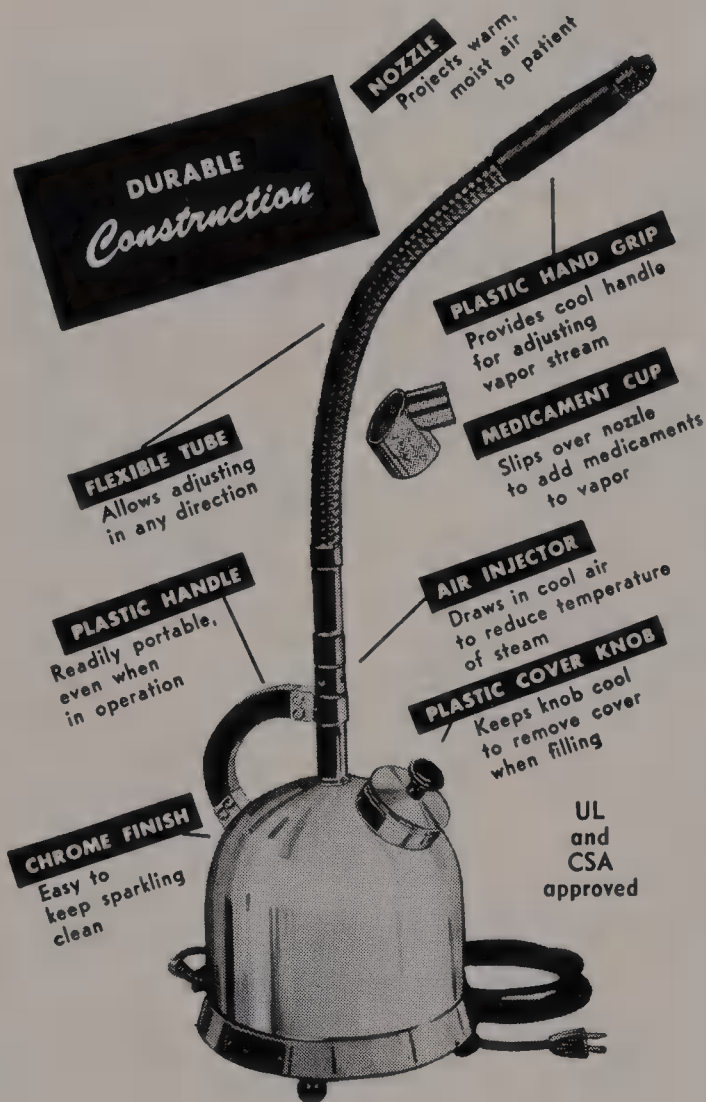
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It is not necessary to use a cone or croupé hood except in extreme cases. The flexible hose allows easy adjustment of vapor stream, thus allowing the patient maximum movement.

The Myrick Inhalator operates 10 hours on one filling, and vaporizes over one pint per hour. It cuts off automatically if it runs dry. The chromalox heating element gives lifetime service.

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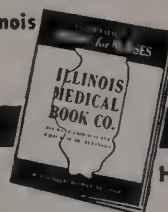
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in 5 minutes...served piping
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Beyond comparison is the saving of time and labor with the MERCURY system—the fastest, most reliable method of transporting complete trays from central kitchen to patient's bedside. One person does the work of three—loads in 5 minutes, wheels the cart, serves food piping hot in another 5 minutes. So simple because it's the natural way . . . and dietician has complete control over makeup of trays both as to TYPE OF DIET and PORTION CONTROL.



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corticoid-induced adrenal atrophy during corticoid therapy, routine support of the adrenals with ACTH is recommended.

THIS IS THE PROTECTIVE DOSAGE RECOMMENDATION FOR COMBINED CORTICOID-ACTH THERAPY

- When using *prednisone* or *prednisolone*: for every 100 mg. given, inject approximately 100 to 120 units of HP* ACTHAR Gel.
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Discontinue administration of corticoids on the day of the HP*ACTHAR Gel injection.

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Also available in sterile 1 cc. B-D† cartridges with B-D disposable syringes, 40 U.S.P. Units. †T.M. Reg., Becton, Dickinson & Co.

Unsurpassed in Safety and Efficacy

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New Supplies and Equipment

Pliapak: Plastic Container for Gravity Blood Collection

NEW PLIAPAK, for collection of 450 cc. (475 Gm.) of blood by gravity, is a disposable, non-wettable, pliant and tamper-proof plastic bag. Designed to save space and facilitate handling, it can be centrifuged in a standard 500-cc. water-filled cup. The self-collapsing Pliapak bag obviates the need for air-intake needle and eliminates risk of air embolism. Pliapak permits application of external pressure for transfusion.

The manufacturer, Abbott Laboratories, supplies 450-cc. Pliapak with Blood Collection Set. The set consists of 36" of plastic tubing, pinch clamp and attached silicone-treated 15-gauge stopper-piercing needle and 15-gauge vein needle.

Abbott Laboratories
North Chicago, Ill.

New Model Wheel Chair Emphasizes Patient Comfort

THE PRODUCTION and immediate delivery of a completely re-engineered and streamlined Parkside wheel chair has been announced by The Gendron Wheel Company. The new model Parkside, Model 5601, has been completely redesigned with emphasis on patient comfort and ease of self-mobil-



Parkside Wheel Chair.

ity by the occupant. Special features include a seat that is comfortably padded with sponge rubber and upholstered with Nylon Mohair or Naugahyde. This 18" wide seat that won't sag or squeeze provides the utmost com-

fort for any length of time, and replaces the older, sling type seat that formerly contributed to patient fatigue.

The new Parkside will glide effortlessly on full ball-bearing wheels and is easily moved about with little effort by the occupant. Fully triple chrome plated, with die cast aluminum foot rests with 4" adjustment, the Parkside 5601 folds to 10½" wide for storage.

The Gendron Wheel Co.
Perrysburg, Ohio

West Waterless Hand Cleaner

A NEWLY-FORMULATED Waterless Hand Cleaner has been announced by the West Disinfecting Company.

The new material being marketed as West Waterless Hand Cleaner is a white, liquid emulsion specifically formulated to remove soil, grease, inks, paints and grime from the skin. The new, well-balanced product, with mild odorless ingredients, has an almost neutral pH.

West Waterless Hand Cleaner contains a relatively high amount of lanolin along with a mild perfume.

The company claims that, unlike many other available waterless cleaners, West Waterless Hand Cleaner contains no harsh alkalis or abrasives and its repeated use will not cause a "defatting" of the skin.

West Disinfecting Company
42-16 West Street
Long Island City, N.Y.

Libbey Glassware Indicates Date of Manufacture

A MEANS OF INDICATING the long service of glassware has been introduced with the new system of marking table glassware with the date of manufacture by Libbey Glass, division of Owens-Illinois Glass Co.

Specifically, the dating consists of a production code mark on the bottom of a Heat-Treated glass, which is specially fire treated to give it extra strength. According to Libbey, Heat-Treated tumblers last from three to five times longer than ordinary glassware.

A prime object of the new dating system is to provide a means of



Libbey code-marked glass.

checking tableware "life" so that users can systematically replace scuffed-up or worn out glasses.

Libbey Heat-Treated glasses are marked on the bottom with a white star symbol. A numeral appearing at the left of the symbol indicates the year the glass was produced, while the numeral at the right shows the quarter-year date.

Libbey Glass
Toledo, Ohio

Two Demerol Compounds Introduced by Winthrop

TWO NEW COMPOUNDS, consisting of Demerol combined with scopolamine and Demerol combined with atropine, have been introduced by Winthrop Laboratories.

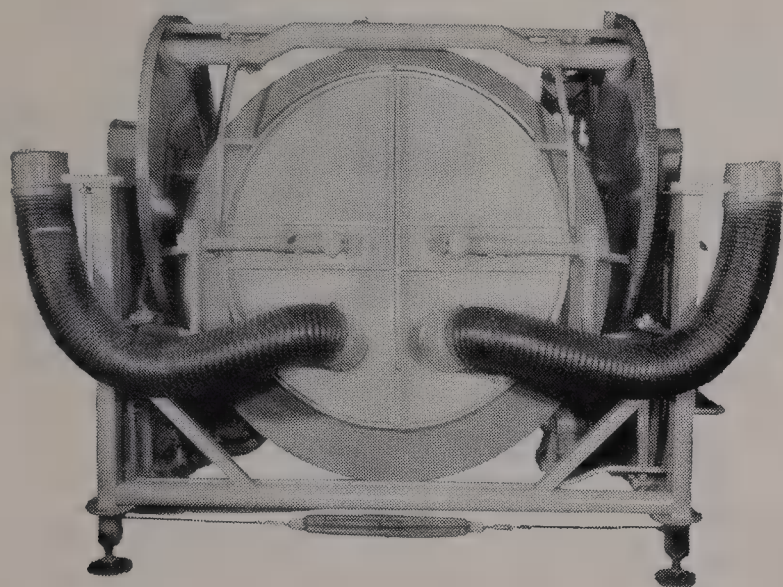
Demerol with scopolamine was made available as the result of clinical evidence demonstrating that the combination provides more dependable analgesia with greater sedation and amnesia. Consequently, the company notes, it is particularly useful for pre-operative medication and for obstetric analgesia and amnesia. Supplied in vials, it is administered intramuscularly or subcutaneously.

Demerol's three principal actions are analgesic, spasmolytic and sedative. Its effectiveness in pain relief is similar to that of morphine and, as an antispasmodic, it produces rapid and often dramatic relief of colicky pain, without constipation.

Since its sedative activity is mild, Demerol's effectiveness in this respect is enhanced by scopolamine. The latter exerts a pronounced central sedative and tranquilizing effect, usually causing euphoria, drowsiness, and a

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Long Island Hospital	Boston, Mass.
Menorah Medical Center	Kansas City, Mo.
Mercy Hospital	Sacramento, Calif.
Oak Park Hospital	Oak Park, Ill.
Pontiac State Hospital	Pontiac, Mich.
Presbyterian Hospital	Chicago, Ill.
Providence Hospital	Oakland, Calif.
St. Francis Hospital	Chicago, Ill.
Stratford General Hospital	Stratford, Ont.
St. Paul's Hospital	Vancouver, B. C.
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Veteran's Hospital	Ft. Lyons, Colo.

and the new 72" does a 50% still Better Job!

The sensational improvements in the new 72" PCT* make it positively essential for top operating efficiency in large flatwork and garment conditioning operations.

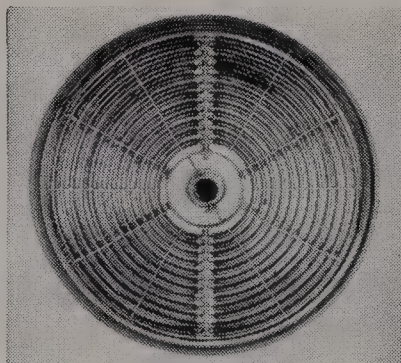
For example: You can now remove 20% moisture content in only 5 minutes tumbling time . . . you have 35% more heating coil surface (the 9-ring size is still available for those preferring it). New 8" vents eliminate the heat and lint output menace. The new 5" Blower is more powerful, delivering 1750 C.F.M. And you never saw such a stingy power user . . . only 7 B.H.P. per hour.

These and other features described in a new folder which will be sent gladly upon request. Purkett's Consulting Service is available without obligation to help you solve your conditioning problems.

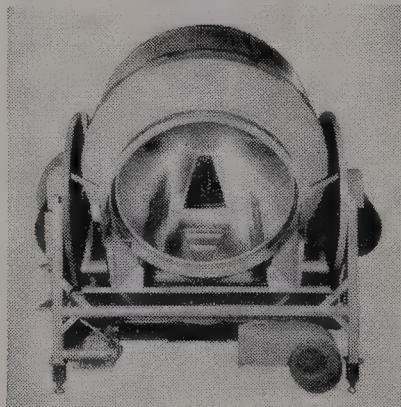
*Pre-Drying Conditioning Tumbler.

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it's a PURKETT*

and Many, MANY more satisfied Hospital users



35% more heating surface with the new 12-ring coil construction.



Unloading position shows powerful 5" Blower; also removable cleaning "door" to get to coils.

Purkett equipment is sold by ALL Major Laundry Machinery Manufacturers and by

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L/L INTERS assure perfect interchangeability.

L/L INTERS provide uniform compression from tip to top, prevent back flow.

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L/L INTERS are guaranteed against breakage during sterilization, fading scales or loss of locks.

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ALL GLASS		LUER-LOCK OR METAL TIPS	
2 cc.	\$16.80 doz.	\$19.50 doz.	
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dreamless sleep followed by amnesia. Scopolamine is also known to stimulate respiration, increasing respiratory rate and minute volume, as well as counteracting respiratory depression caused by narcotics or barbiturates. Additionally, it helps prevent laryngospasm induced by thiopental sodium.

Most important function of atropine, when combined with Demerol, is suppression of excessive salivary and bronchial secretions; relief of cardio- and pylorospasm; and reduction of hypermotility of the gastro-intestinal, biliary and genito-urinary tracts.

Demerol with atropine is supplied in 2 cc. ampuls, 25's, for intramuscular or subcutaneous injection. Each cc. contains 50 mg. Demerol hydrochloride and 1/300 grain of atropine sulfate. List price is \$7.45; net trade, \$4.47; fair trade price, \$7.45.

Demerol with scopolamine is available in 30 cc. vials, with each cc. containing 50 mg. Demerol and 1/300 grain of scopolamine hydrobromide. List price per vial is \$2.75; net trade price, \$1.65; fair trade price, \$2.75.

Winthrop Laboratories
1450 Broadway
New York 18, N.Y.

NRD Instrument Company Releases Technical Bulletin


WELL SCINTILLATION COUNTER, Model CS-600, and its applications in industry, medicine, and research are fully described in a new technical bulletin released by NRD. It is available on request.

NRD Instrument Company
6425 Etzel Avenue
St. Louis 14, Mo.

Literature Available from Remington Rand

A SUBJECT FILE SYSTEM designed to salvage many lost hours of valuable executive time is described in a new folder recently issued by Remington Rand. The six-page illustrated brochure is entitled "How to Save Executive Time."

The booklet explains how a properly organized subject file enables an executive's secretary to obtain any required record in less than one minute. All the facts are in *one* folder. One file contains every bit of written organization comment on the subject at hand, permitting an executive to attend a conference or make a decision with the complete picture before him. It eliminates the time-wasting procedure of searching through several



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and after 17 years of research and development ALCONOX alone holds this enviable position in the hospital and laboratory detergent field.

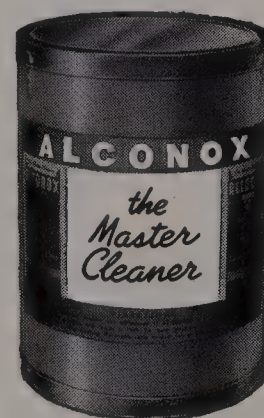
For cleaning laboratory glassware, surgical instruments, porcelain, metal, plastic or rubber equipment . . . **ALCONOX Outsells and outperforms all other laboratory detergents . . . REGARDLESS OF PRICE.**

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Box of 3 lbs.	1.95
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Drum of 25 lbs.	45 lb.
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Drum of 300 lbs.	37 lb.

Slightly higher on Pacific Coast



If you are not using ALCONOX, order some today or write for a free sample and the name of your nearest supplier.

Have you tried ALCOJET—
Our new detergent
specifically developed
for all **LAB-MACHINE WASHERS?**
Write for full details!

ALCONOX, INC.

WETTING AGENTS DETERGENTS

11 Cornelison Ave. Jersey City 4, N. J.

alphabetical correspondence files to locate the pertinent papers. The booklet also outlines the difference between a subject file and an alphabetical file, and tells how Remington Rand File Organizers go about setting up such a file.

Printing Calculators, Electric Adding Machines and Hand Adders in new decorator colors are described in a full color broadside "Color Makes the Difference" recently published by Remington Rand.

Both the "99" Calculator that prints, the 93 Adding Machine, and Hand Adder, now come in four colors: desert sage, gray velour, mist green, and honey beige. The same soft tones have also been added to the Remington Standard and Electric typewriters, so the entire office can be decorated in matching colors.

Copies of the brochure and broadside are available at Remington Rand sales offices in all principal cities or by writing the New York office and asking for SPAC 4614.

Remington Rand
Div. of Sperry Rand Corp.
315 Fourth Avenue
New York 10, N.Y.

New Package For Doctors Announced by Alconox

ALCONOX INC., manufacturers of the laboratory and hospital detergent Alconox, has announced a new 3-lb. box specifically for doctors, quality guaranteed to be identical to that being supplied all over the world to leading hospitals and laboratories. The new label and instructions are directed to the doctor for his own instruments, apparatus and equipment.

The manufacturer is offering samples and literature in order to prove to every doctor the efficiency, safety and cleaning power of this product. Further details may be obtained by writing the company.

Alconox Inc.
61-63 Cornelison Ave.
Jersey City 4, N. J.

Western Reserve Anesthesia Unit

A POCKET SIZE MACHINE which does a man-size job in the field of resuscitation, inhalation and anesthesia, has been announced by Continental Hospital Service.

The Western Reserve is completely portable, both as to the machine and the oxygen cylinders. The latter are only thumb size, but two of them con-

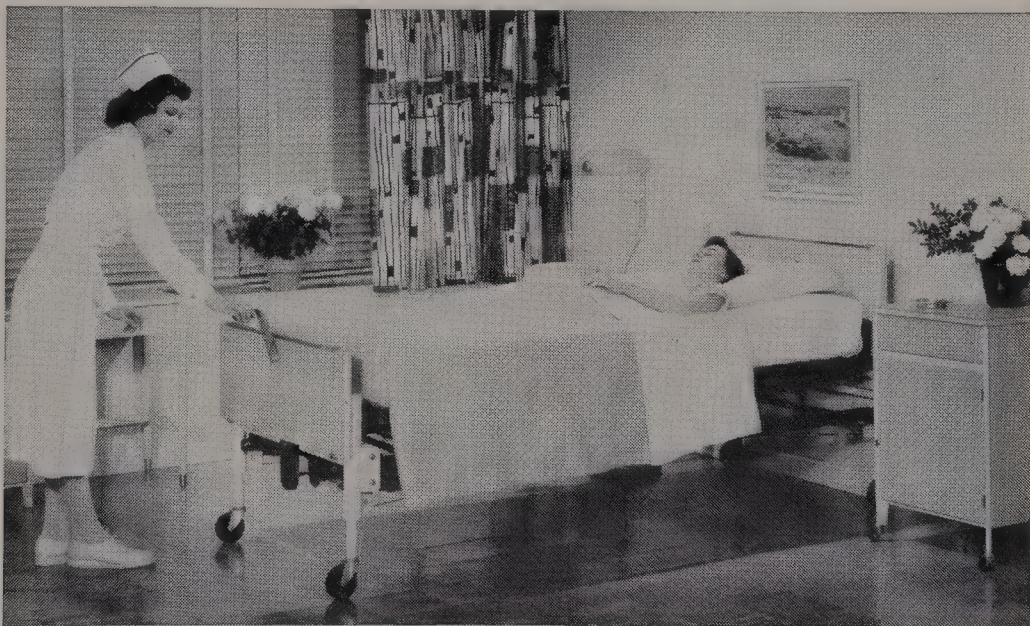


Hill-Rom Electric Hilow Bed
Now . . . Listed by



for use
with
OXYGEN

Modernize your hospital—reduce
bed fall accidents—by installing
HILL-ROM *Hilow Beds*



Crank-operated Hilow Bed

The high-low bed is widely accepted today as the mark of a modern hospital, and as one of the greatest safety factors in the prevention of bed fall accidents. A high-low bed, in the low position, will prevent many such accidents. Hill-Rom manufactures two high-low beds. One is manually operated, the other motor driven. The manually operated bed is easily adjusted with a crank located at the foot end of the bed. The friction-free, ball-bearing mechanism makes it easy for the nurse to raise the bed with only a few turns of the crank. The Hill-Rom Electric Hilow Bed is the first bed of its type to be approved by Underwriters' Laboratories, Inc., for use with oxygen. It is the last word in safety, dependability and long life expectancy.

Complete information on either or both of these high-low beds will be sent on request.



Safety Sides—A New Safety Measure

by Alice L. Price, R. N., M. A.

author of "The Art, Science and Spirit of Nursing"

This Procedure Manual explains in detail how to effectively use Safety Sides to prevent bed falls and to avoid serious injury to patients. Copies for Student Nurses and for the Graduate Nurse Staff will be sent on request.

HILL-ROM COMPANY, INC. • BATESVILLE, INDIANA

tain a 15-minute supply of oxygen. A turn of the wrist releases this oxygen into the breathing bag. The total weight is less than two pounds.

Every hospital floor can have the added safeguard of a resuscitator-inhalator because the unit is low in cost; easy to store (can be hung on the wall at the nurse's station); immediately effective (oxygen can be kept on hand in the midget cylinders).

The Western Reserve Anesthesia Unit is equipped to accommodate midget cylinders of cyclopropane in

non-explosive mixture and oxygen and helium.

Every safety device has been incorporated. All rubber and metal parts are conductive. Cylinders are colored to indicate contents and cannot be incorrectly used in error. An automatic release valve prevents too great lung pressure. The breathing bag is tight and only releases its contents when mask is pressed to the face of the patient.

Dr. Robert A. Hingson, M.D., director of the department of anesthesia,

Western Reserve University, Cleveland, Ohio, has developed this unit in co-operation with other authorities, and extensive tests and documentation has been carried out in leading medical centers of this country, England and Canada. Full information available on request.

Continental Hospital Service Inc.
18624 Detroit Avenue
Cleveland, Ohio

American Sterilizer Offers Deferred Payment Plan

A PLAN OF DEFERRED PAYMENTS for the hospital equipment it manufactures has been announced by American Sterilizer Company.

According to Maxfield M. Smith, Sterilizer's vice-president in charge of sales, the plan was developed at the request of a number of small and medium-sized hospitals.

"It is simply an application of the principle long followed by industry," Mr. Smith said. "Advances in surgical and nursing techniques, together with high personnel costs, have obsoleted much of the equipment now in hospital service. Many small hospitals, and some larger ones, haven't the cash, position or local credit resources for the new equipment needed to keep operating costs and standards of service in line. By spreading payments over a period of as much as five years, they can gain increased efficiencies which will go far toward paying for the equipment."

The plan requires a minimum down payment of ten per cent and is the result of an arrangement, exclusive in the hospital field, between American Sterilizer and C.I.T. Corporation. Finance charges approximate the usual installment purchase interest rates.

American Sterilizer Co.
Erie, Penn.

Velva-Soft Booklet Distributed by Armour

THE STORY OF VELVA-SOFT and the many advantages it offers to laundries and their customers is presented in a booklet prepared by the Industrial Soap Department of Armour and Co. The many benefits of Velva-Soft can be obtained by all types of laundries: institutional, professional power, linen supply, industrial, diaper and neighborhood automatic.

The four types of Velva-Soft: Concentrate, Ready-to-Use, Blu-Brite Concentrate and Blu-Brite Ready-to-Use

You Could Do This with RLP Pure Latex Tubing



you will get more rewarding results from RLP Tubing's countless other hospital applications. Its long life and practical uses, including many where other types are unsuitable, make it the most economical tubing you can use.



- RLP ^{Pure Latex} Surgical Tubing
6 SIZES
- RLP ^{Pure Latex} Laboratory Tubing
24 SIZES

Rubber Latex Products, Inc., Cuyahoga Falls, Ohio

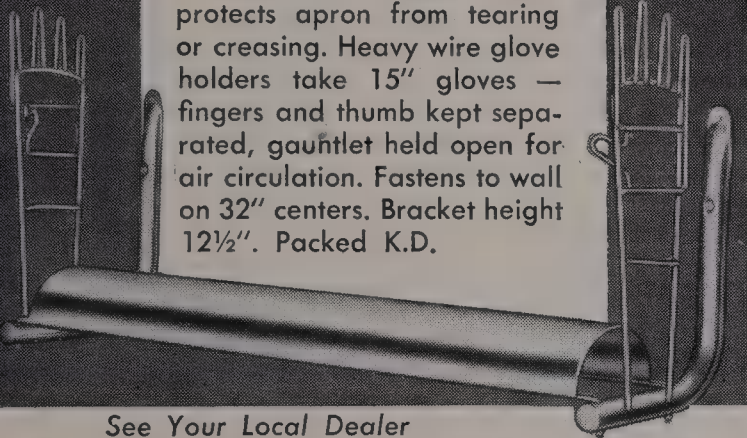
GAYCHROME

Sturd-i-brite
EQUIPMENT

for HOSPITALS • INSTITUTIONS

No. 1040 APRON and GLOVE HOLDER for X-RAY

Provides safe storage area for X-ray apron and gloves. Rounded edges of half cylinder 32" chrome holder protects apron from tearing or creasing. Heavy wire glove holders take 15" gloves — fingers and thumb kept separated, gauntlet held open for air circulation. Fastens to wall on 32" centers. Bracket height 12½". Packed K.D.



See Your Local Dealer

THE GAYCHROME CO., Sturd-i-brite Div. H
1079 Southbridge St. ■ Worcester 10, Mass.

WRITE FOR FULLY DESCRIPTIVE FOLDER

for **PARCHED PALATES**, The Tang of Fresh Fruit

Seidel's Dry Beverages



Only real natural flavors are used

in the manufacture of Seidel's Dry Beverages — no synthetics whatsoever! Result? Iced Beverages with true fresh flavor — bound to please your fussiest guests! Two sizes: 28-oz. yields over 12 gallons. Your choice of Fruit Punch, Raspberry, Cherry, Grape, Lemon, Lime and Orange. 1-doz. 28-oz. packages assorted as desired —

\$10.50.

Send for a trial order today.

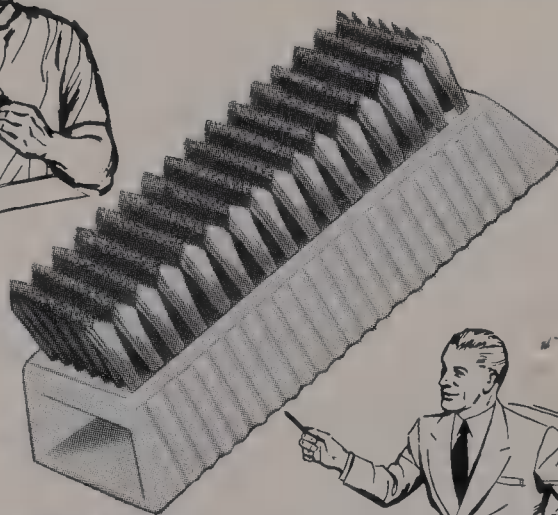
AD. SEIDEL & SON INC.

1245 W. Dickens Avenue, Chicago 14
ESTABLISHED 1890



FIRST IN...

QUALITY
.....
ECONOMY



ANCHOR

PREFERRED BY SURGEONS EVERYWHERE

ALL-NYLON
**SURGEON'S
BRUSH**

• each brush has 112 life-time tufts anchored in noncorrosive nickel silver

- guaranteed to withstand a minimum of 400 autoclavings
- has soft but firm tufts specially tapered for better scrub-up efficacy with more comfort
- weighs only 1½ oz. . . . has grooved handles for firmer gripping . . . crimped bristles for better soap retention
- designed for efficient use in Anchor's modern brush dispensers

Anchor Brushes can save you money because their unusual durability and outstanding performance make them the most economical on the market today.

It always pays to order Anchor Brushes . . . get them by the dozen or by the gross from your hospital supply firm today.

Other outstanding Anchor products include—

the New All-Nylon Emesis Basins

All-Nylon Drinking Tumblers

Stainless Steel Surgeon's Brush Dispenser



Sold Only Through Selected Hospital Supply Firms

ANCHOR BRUSH COMPANY
AURORA, ILLINOIS

Write for Complete Information to Exclusive Sales Agent

THE BARNS COMPANY
1414-A Merchandise Mart • Chicago 54, Illinois

are described in the colorful brochure and the eight advantages gained by laundries using Velva-Soft are outlined.

A copy of the booklet may be obtained by writing the company.

Industrial Soap Department
Armour and Company
1355 West 31st St.
Chicago 9, Ill.

Periodical on Communicable Diseases Available from Parke-Davis

PUBLICATION OF A NEW PERIODICAL, *Pediatric Patterns*, which will enable physicians to determine the incidence of communicable diseases in any given

area, is now available from Parke-Davis.

The periodical will include last-minute reports on poliomyelitis, diphtheria, streptococcal infections, measles and whooping cough, and will be circulated at regular intervals to some 140,000 physicians throughout the United States, Alaska and the Hawaiian Islands.

Graydon L. Walker, vice-president and director of U.S. and Canadian sales and promotion, said the six-page publication will carry charts showing incidence of communicable diseases on local, state and national levels. He adds that editorial material in the brochure will "highlight and discuss

the more important disease trends."

Pediatric Patterns supplements Parke-Davis' three other external publications, *Polio Patterns* and *Therapeutic Notes* for physicians and *Modern Pharmacy* for pharmacists.

Polio Patterns, which was inaugurated in 1955, will continue to be published weekly during the 1956 polio season and will contain "detailed information on poliomyelitis."

Parke-Davis & Company
P.O. Box 118, R.P. Annex
Detroit, Michigan

SUPPLIERS' NOTES

S. Blickman

Ben Becker has been appointed advertising and sales promotion manager for S. Blickman, Inc. of Weehawken, N. J., fabricators of stainless steel equipment for institutions and industry.

The appointment implements an aggressive plan to support more actively with merchandising and sales promotion programs, a stepped-up direct mail program featuring consumer benefits derived with Blickman-Built equipment.

Debs Hospital Supplies, Inc.

At a recent meeting of the board of directors of Debs Hospital Supplies, Inc., Chicago, Sy Fein, vice-president of the firm, was elected to the board.

Michael Fischer, who served as sales manager for the last nine years, was elected vice-president in charge of merchandising and sales promotion.

Edward M. Noonan, previously a district manager, was promoted to sales manager.

Johnson & Johnson

George F. Smith, Johnson & Johnson's president, has been selected as "The Outstanding Citizen of New Jersey for 1955" for distinguished public service.

The announcement was made by the Outstanding Citizen Award Committee of the Advertising Club of New Jersey which, since 1937, has annually selected a New Jersey citizen for this coveted award. Mr. Smith's unanimous selection was "in recognition of his outstanding service to his commu-

(Continued on page 134)



FREE

Generous Plastic Dispenser

dermassage

WHAT'S GOOD FOR PATIENTS
IS GOOD FOR DOCTORS, TOO!

For chapped hands . . . before and after shaving . . . sunburn . . . windburn . . . tired, burning feet . . . soothing, relaxing massage.

Dermassage is celebrating its 21st anniversary. For 21 years, Dermassage has been successful in virtually eliminating bed sores and bed chafe in over 4,000 hospitals throughout the world.

Because Dermassage has been so good for patients, we offer you a generous free anniversary trial bottle for yourself.

- Dermassage is non-alcoholic, hypo-allergenic. Contains hexachlorophene, natural menthol, oxyquinoline sulphate, carbamide, water-soluble lanolin, and olive oil in a homogeneous emollient lotion.

ACTUAL SIZE

dermassage

THE ORIGINAL NON-ALCOHOLIC
BODY RUB AND SKIN REFRESHANT

ALSO

Dermacleanser — soapless, antiseptic cleanser for bath and shampoo; and

Edisonite — finest surgical instrument cleanser.

MAIL THIS COUPON TODAY FOR FREE ANNIVERSARY GIFT PACKAGE

S. M. EDISON CHEMICAL CO.
2710 South Parkway, Chicago 16, Ill.

Please send me free, 21st Anniversary Gift Package containing refillable plastic dispensers of both Dermassage and Dermacleanser, plus package of Edisonite.

Name _____

Address _____

City _____ Zone _____ State _____

THORNER

SILVER AND STAINLESS STEEL



Makes Meals More Inviting

135 Fifth Avenue, New York 10, N. Y.

THORNER BROTHERS

CLEANS EVERYTHING BETTER

*New
Improved
Detergent*

REVOLUTIONARY NEW KLEER-MOR WITH CHELATING AGENTS

Only the new Kleer-Mor with chelating agents added has these sensational detergent properties:

- Dust-free, non-irritating, non-caking
- Makes all water soft as rain
- Stepped-up concentration for greater cleaning power
- Plentiful long lasting suds

Super-powered for hand cleaning of pots, pans, glasses, dishes



Other Important Institutional Uses
Dining room service, silverware, fixtures, refrigerators, storage bins, woodwork, tile, windows, walls and ceilings. Write for free manual, "Modern Sanitation Practices".

KLENZADE

KLENZADE PRODUCTS, INC.

Branch Offices and Warehouses Throughout America

BELOIT, WISCONSIN



Bassick Casters Reduce Surgical Explosion Hazards

That's why Wilmot Castle Company, Rochester, New York, a leading manufacturer of surgical lights, insists on Bassick casters.

For these casters have electrically conductive wheels which ground static electricity before it can build up to spark highly explosive operating room gases. And the mobile maneuverability they contribute, too, is one of the featured advantages of Castle lights.

It's a good idea, in fact, to look for Bassick casters on all mobile hospital equipment you buy. They're one good indication of the high quality of the equipment. They roll smoothly, swivel easily and won't mar floors or raise a racket. Easy to maintain, they stand up to punishment, too. Why not get Bassick Diamond Arrow Casters for all your hospital beds, tables and other mobile equipment? THE BASSICK COMPANY, Bridgeport 2, Conn. In Canada: Belleville, Ont.

6.67



WHEEL BRAKES are available on all sizes of these Bassick casters, 2" and up. They're important on beds, X-ray machines and any hospital equipment to stop the normal easy action when movement is not desired.



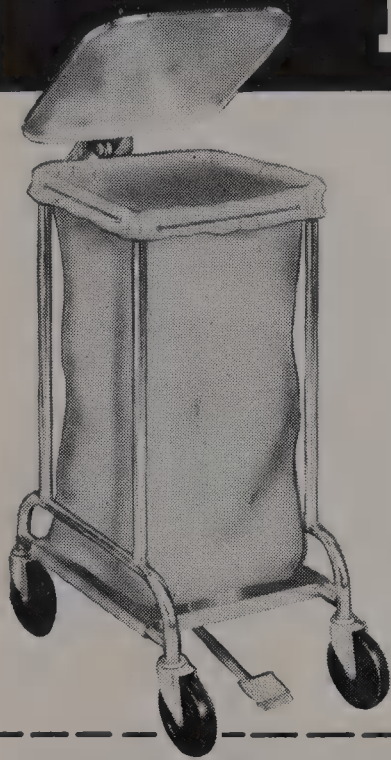
Bassick

A DIVISION OF

MAKING MORE KINDS OF CASTERS... CASTERS DO MORE

STEWART
SW
WARNER

DEBS New! NURSERY HAMPER



For . . .
NURSERIES
EMERGENCY ROOMS
DELIVERY ROOMS
ALL ASEPTIC AREAS

KEEPS SOILED LINEN AND DIAPERS UNDER COVER

Presto! . . . a standard laundry bag becomes a *secure covered container* with the new Debs Nursery Hamper! Step on foot pedal . . . the broad, hinged cover opens easily for quick disposition of soiled linen and diapers. Hamper bag rests on sturdy bottom shelf. Even when heavily loaded, four 4" swivel ball-bearing casters permit the Debs Hamper to roll almost without effort.

All welded construction.

Dimensions: 16" wide x 34½" high x 26" deep.

**ORDER NOW! SPECIALLY PRICED
FOR JULY AND AUGUST!**

No. F-72 — Debs Nursery Hamper — all 18-8

Stainless Steel, each \$129.50

No. F-82 — Debs Nursery Hamper with highly

polished Aluminum frame, Stainless

Steel cover, aluminum shelf, each \$94.50

F.O.B. Chicago

Gentlemen: Please ship the following Debs Nursery Hampers:

_____ No. F-72 — All 18-8 Stainless Steel @ \$129.50 each.

_____ No. F-82 — Highly polished Aluminum, with Stainless Steel cover, Aluminum shelf @ \$94.50 each.

Hospital _____

Address _____

City _____ State _____

By _____ Title _____

DEBS HOSPITAL SUPPLIES, INC.

1990 Northwest Highway

Chicago 31, Illinois

*For Service and Dependability
Order from
C.M.B.*

**CHICAGO MEDICAL
BOOK COMPANY**
The Original Speakman's

**Nursing
Books... of ALL
Publishers. Since 1865**

SEND COUPON

for **FREE** COMPREHENSIVE CATALOG

CHICAGO MEDICAL BOOK COMPANY
JACKSON & HONORE STREETS, CHICAGO 12, ILL.

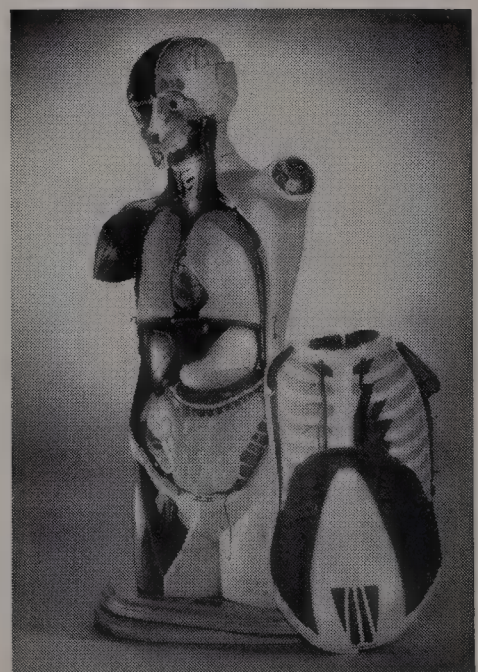
NAME _____

ADDRESS _____

CITY _____ STATE _____

When you want the best

in teaching equipment, consult your Denoyer-Geppert catalog (edition 55B). Also, contact the D-G representative in your area. His personal assistance is valuable.



PLASTIC MODELS ■ CHARTS • SKELETONS ■ DOLLS

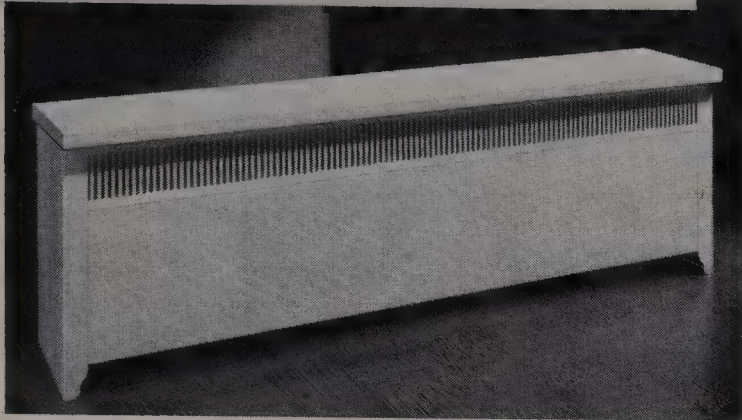
DENOYER-GEPPERT COMPANY

5230 Ravenswood Avenue

Chicago 40, Illinois

. . . for the finest in visual teaching appliances—since 1916

Make your rooms more homelike
with *Gardner* Ambassador
Radiator Enclosures
...they're specially designed for hospital use



Gardner Enclosures cover up "bare," unsightly radiators — help give hospital rooms an added touch of home. They're beautifully styled — as you can see — and come in a large selection of preferred colors and wood grain finishes. Even more, they help increase humidity by means of non-mechanical, trouble-free water pans, and cleaning is easy because all surfaces are glass-smooth. Better still, heated air is prevented from rising vertically and soiling walls. Air is directed *into* the room, allowing better heat distribution. For these good reasons, why not write today for full information. Find out how you can economically outfit your hospital with Gardner Enclosures, as so many others already have.

Gardner Manufacturing Co. 3550 Kunes St. Maricon, Wis.

BRUCK'S
STUDENT NURSE
UNIFORMS
over 30 years of
LEADERSHIP



- superior fabrics
- quality tailoring
- competitive prices
- dependable delivery

For Complete Details and Free
Catalog, write to: Dept. HP-7

BRUCK'S 387 Fourth Avenue
New York 16, N. Y.

BRANCHES: CHICAGO • DETROIT • PITTSBURGH

NEW!
Beautiful!!
Colorful!!!
WONDER WARE®

Tested

**The Chip-proof
Lightweight Dishes
With a China-Like Sheen**

Perfect for all commercial and institutional use! Won't chip — practically unbreakable — keeps replacement costs to a minimum. Not only will WONDER WARE save you money but it stays beautiful for attractive serving. And its graceful design adds eye appeal to food! Made of Melmac. WONDER WARE is light in weight, warp-proof and stain-resistant, too. It may be washed by hand or machine — or even boiled! What's more, it offers "silent service" — eliminates dish clatter. DON guaranteed!

An added feature: non-slip, non-spill rolled edges for better balance. WONDER WARE also has 4-vent contour foot for fast drying — dishes won't stick together.

5 PASTEL COLORS

Mix or match 'em! Take your choice of Suntan, Pastel Green, Powder Blue, Canary Yellow or Coral. You can choose one piece or a complete set of WONDER WARE plastic dishes — from a 10" dinner plate to a 3-compartment plate and from a platter to a chili bowl — always available at DON. See these dishes on display at our permanent Exhibition Hall or send for free sample.

Approved

Guaranteed

ATTACH THIS COUPON TO YOUR LETTERHEAD

FREE! WONDER WARE® Dish!

Please send me free sample of your new, beautiful, colorful WONDER WARE. Also enclose complete information and prices.

Name _____ Firm _____

Address _____ Position _____

City _____ Zone _____ State _____

EDWARD DON & COMPANY
GENERAL HEADQUARTERS—3201 S. LEXINGTON ST.—CHICAGO 10, ILL.
Branches in MIAMI • MINNEAPOLIS • ST. PAUL • PHILADELPHIA • HOUSTON

(Continued from page 130)

nity, his state and his country," according to John C. Williams, chairman.

Johnson & Johnson's world-wide production and research expansion for 1956 calls for 17 major capital construction projects here and abroad.

According to chairman of the board of directors, General Robert Wood Johnson, this stimulating new facilities program follows the firm's greatest sales year in 1955 and is geared to meet production and development demands of an ever-increasing market.

The manufacturer of surgical dress-

ings, baby and allied products says it plans six building projects for the United States and Canada and eleven elsewhere.

Highpointing domestic construction is the building of the world's largest surgical dressings and baby products plant, aggregating 600,000 square feet at New Brunswick, N. J., with initial occupancy scheduled for this July.

Owens-Illinois

Appointment of Richard W. Murphy as a salesman in Los Angeles for Glasco Products Co., subsidiary of

Owens-Illinois Glass Co., has been announced by Harlan Hobbs, Glasco president.

Mr. Murphy joined Owens-Illinois in September 1954, and recently completed a sales training program. He is a native of New York and graduate of Purdue University.

Chas. Pfizer & Co.

Four members of the advertising department of Pfizer Laboratories, division of Chas. Pfizer & Co., Inc., have been promoted to new posts in a reorganization designed to provide better-integrated advertising programs for Pfizer products, according to an announcement by E. W. Whitney, advertising director.

Newly-created posts in the department are those of product group advertising managers: each manager responsible for planning, operation and control of advertising on major product lines.

Edwin J. Mills will be responsible for all current and new antibiotics including Terramycin, Tetracycline, Tetra-bon and Combiotic; Wellden C. Neill, responsible for Bonamine, Toclase, Candettes and veterinary and dental promotion, and John F. Hogan, responsible for Sterane, Cortril, Terra-Cortril and Tyzine.

In addition, William Charles has been promoted to assistant advertising director. Mr. Charles will maintain supervisory control of all programs and will be responsible for over-all budget planning and control.

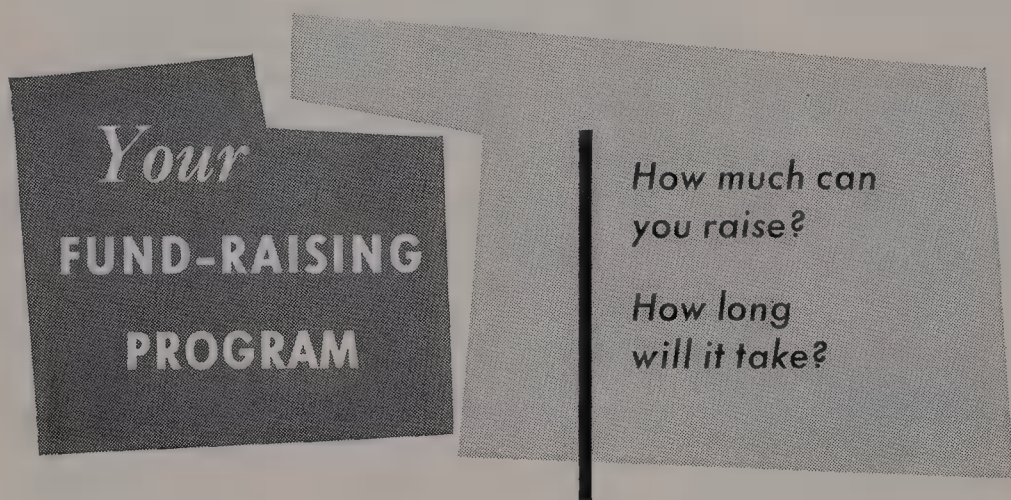
He will also have as a major duty the management of *Spectrum*, Pfizer's authoritative service publication for the medical profession. *Spectrum*, now published as an insert in the *Journal of the American Medical Association*, will be mailed directly to physicians on a twice-monthly basis.

Tracerlab

Malvern J. Gross, Rochester, N. Y., has been appointed vice-president of Tracerlab and general manager of The Keleket X-ray division.

William E. Barbour, Jr., Tracerlab's president, said Mr. Gross will assume a newly-created post in the company's organization. As general manager of Keleket, Mr. Gross will be responsible for the engineering, development and marketing of x-ray products, and operations of Keleket's worldwide sales organization.

(Continued on page 136)



A Conference with the American City Bureau will Answer These Important Questions

Fund-raising by the American City Bureau applies a durational perspective to your money goal. Your invitation to us initiates a careful study and evaluation of your financial potential. And we continue at our own expense with a thorough analysis of anticipated interest, enthusiasm and response.

We will then render an objective and constructive report on the findings. If this indicates that we can be of service to you, our proposal will pin-point operational methods and costs. In short, how much you can raise and how long it will take.

So, if you would like to marshal increased goodwill and service as well as new financial strength, call upon the long experience and proven integrity of the American City Bureau.

American City Bureau
(ESTABLISHED 1913)

221 North LaSalle Street, Chicago 1, Illinois
470 Fourth Avenue, New York 16, N. Y.

There is no substitute for experience



Charter Member American Association of Fund-Raising Counsel



5 Reasons Why KENWOOD BLANKETS

save you money...
guarantee satisfaction!

- 1 Distributed direct from mill to you to save you money . . . give you better service . . . more value per dollar.
- 2 Heavily pre-shrunk to maintain original size and bulk through countless washings.
- 3 Available in a complete size, style, color and price range to fit your every need. Imprinted with your own crest—or one which we'll help you design.
- 4 Woven to your own specifications of finest fibres in a sturdy construction that assures years of lasting beauty and comfort.
- 5 Sold by Kenwood's own representatives — blanket experts qualified to help you in working out your every blanket problem.

KENWOOD BLANKETS

For complete information,
mail coupon today!



Kenwood Mills
Contract Division HP-7
Empire State Building
350 Fifth Avenue, Room 5801
New York 1, New York

- ☐ Please send me swatches, prices and full information about Kenwood's direct-to-buyer contract blanket line.
- ☐ Please have your representative call.

Name _____ Title _____
Address _____
City _____ State _____

NEW

Visi-Shelf
FILING SYSTEM

**"Open-Type"
UNITS**

**OFFER MAXIMUM
SPACE SAVING**

SAVES TIME!

SAVES SPACE!

SAVES MONEY!

You Get —

FASTER FILING

INCREASED

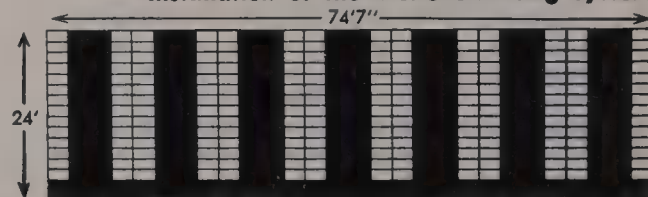
EFFICIENCY

HIGHER EMPLOYEE

MORALE

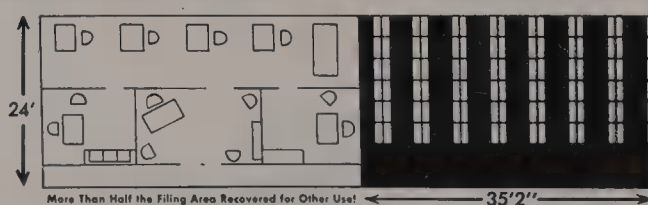


**Floor Plan of an Actual Filing Area Before
Installation of the Visi-Shelf Filing System**



This area was occupied by 196 four drawer letter filing cabinets with
■ filing capacity of 784 drawers or 20,776 filing inches.

Floor Plan after Installation of the Visi-Shelf Filing System



90 Visi-Shelf Filing Units, occupying less than half the original filing area, hold all of the records previously filed in the entire filing area! These units, with a filing capacity of 25,380 filing inches offer 4,604 more filing inches — an increase of 25% in filing capacity.

Don't Delay!

**Send for full details of
this remarkable new
Filing System!**

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**VISI-SHELF
FILE INC.**
105 READE STREET
NEW YORK 13, N. Y.

Visi-Shelf File, Inc.
105 Reade Street
New York 13, N. Y.

Please send free catalog describing the new Visi-Shelf Filing System.

Name.....

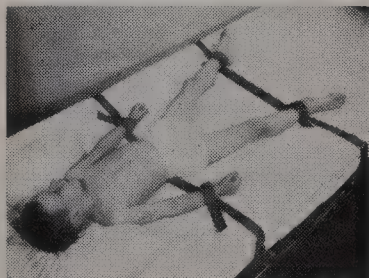
Firm Name.....

Address.....

City.....Zone.....State.....

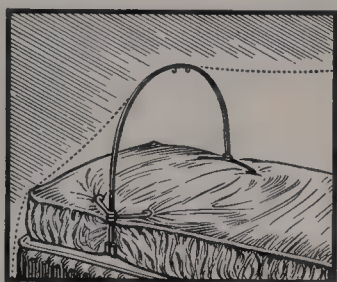
HP

For Patient Protection



POSEY WRIST OR ANKLE RESTRAINT

A friendly restraint available in Infant, Small, Medium and Large sizes. Also widely used for holding extremity during intravenous injection. No. P-450. \$5.25 per pair. \$10.50 per set; with sponge rubber padding \$6.25 per pair, \$12.50 per set.



POSEY BED CRADLE

Full width of bed. Simple, self-locking clamp to mattress holds Cradle in place. Leaves patient accessible. Light hooks on body size Cradle. Available in body or leg sizes. Price \$6.75 each.



SWEETLAND BED WARMER & CAST DRIER

U. S. Patent 2,122,964

Bed Warmer \$295.00; Adult body and leg cast drying mats \$65.00; Child sizes \$60.00.

SEND YOUR ORDER TODAY

And Write for Illustrated Literature
About Other Posey Hospital Equipment

J. T. POSEY COMPANY

801 N. Lake Avenue

Dept. HP

Pasadena 6, California

Electronic Oxygen Analyzer by O.E.M. Corp.

A NEW ELECTRONIC OXYGEN ANALYZER that features portability and simplified operation has been announced by the O.E.M. Corp.

This light-weight, battery-operated analyzer enables inexperienced personnel to get accurate readings within 30 seconds and, should the need arise, easily recalibrate it within a few minutes. The highly precise mechanism is guarded by a strong plastic case which makes it well suited to rough, daily usage in hospital patient rooms and wards.

The unit is electronically activated with a readily available 4½ volt portable radio A battery that does not have to be replaced until after approximately 5,000 tests.

The new O.E.M. Electronic Oxygen Analyzer permits frequent routine checking in hood and tent therapy where there is always the possibility of oxygen escaping through improper tucking of the canopy, too frequent opening of zippers or inadequate liter flow.

This newly developed analyzer utilizes the ability of gas to conduct heat. It measures the rate of heat conductivity by means of four tiny cells with platinum wires wound in them. Two of the cells are sealed with normal room air with 20.9% oxygen. A sample of oxygen-enriched atmosphere to be tested is drawn into the other two cells. When an electrical impulse is passed through the platinum wires the wires become hot. The amount of heat conducted away from the heated wires varies with the percentage of oxygen in the air in the cells, and also changes the electrical characteristics of the wire. The difference in the electrical characteristics of the cells containing room air and the cells containing oxygen-enriched air is measured with a sensitive meter. This meter translates the electrical difference into the percentage of oxygen in the sampled air.

O.E.M. Corporation
East Norwalk, Conn.

Routines Prior to Surgery Told in Educational Film

THE FIRST SHOWING of a new medical film called "Preparing for Surgery" was held before an invited audience at the Hospital of the University of Pennsylvania.

The 25-minute color movie is designed to aid in instructing students



NEWLY
DESIGNED

NURSES' SCRUB GOWN

Newly designed, modest overlay neck, easy to get into without buttons. Comfortable cap sleeve arm-hole with high gusset which conceals underarm. This newest style is most comfortable yet most modest. In white, green or misty green.

Send for samples and prices or ask our salesmen to show.

MILLS

HOSPITAL

SUPPLY CO.



6626 N. WESTERN AVE., CHICAGO, ILL.
Memphis Branch: 1140 Jefferson St.

in the routines to be followed in preparing for surgery. A technique believed to be novel in medical films is employed to impress on viewers the various steps in the pre-operative procedure. Supplementing the conventional off-screen commentary, the narrator frequently interrupts the screen action to question individual members of the operating team respecting their specific duties.

The film was made at the U. of P. Hospital by Dr. I. Ravdan, professor of surgery. Winthrop Laboratories, New York, sponsored the production, which was supervised by Dr. Martin Lasersohn, executive vice-president of the pharmaceutical company.

Prints of the medical movie are to be made available for showing at medical schools throughout the country upon written request.

Motion Picture Department
Winthrop Laboratories
1450 Broadway
New York 18, N.Y.

Unique Additive Vial Available from Baxter

A UNIQUE time and money-saving device for adding supplemental medication to bulk parenteral solutions has been developed by Travenol Laboratories, Inc., pharmaceutical products division of Baxter Laboratories, Inc.

Called Incert, the new additive vial permits direct, aseptic transfer of medication without the use of needle and syringe, thus providing improved sterility control with added advantages of speed and economy. Use of Incert vial also eliminates the hazard of breaking glass ampules.

Five liquid or dried medications currently are available in Incert additive vials: B vitamins with C (lyophilized), succinylcholine chloride (500 and 1000 mg. concentrations), potassium chloride (20 and 40 mEq. concentrations), potassium phosphate (30 mEq. K) and calcium levulinate (6.5 mEq. Ca.).

Baxter Laboratories, Inc.
Morton Grove, Ill.

New Package Developed For Sterile Sutures

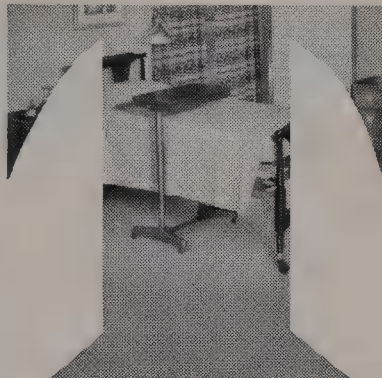
SURGILAR STERILE PACK, a revolutionary development in the packaging of sterile surgical gut sutures by Davis & Geck, is rapidly approaching full-scale production in their modern Danbury laboratories.

The new package eliminates the hazards of breaking glass tubes in the operating room by packaging 54 inches

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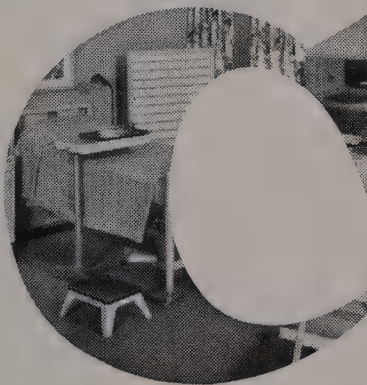
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of heat-sterilized surgical gut in a sealed transparent plastic envelope that is, in turn, enclosed in a glassine envelope. The strands of sterile surgical gut are doubled to 27" lengths, coiled and placed in the fold of an identifying label. The size of the sterile plastic envelope allows the gut to coil naturally—*without constriction*. This feature insures less handling, eliminates kinks and bends and delivers a stronger, more flexible strand of gut to the surgeon.

A wide-mouthed jar ($\frac{1}{2}$ the size

of glass tube jars) filled with a sterilizing solution, holds 36 double envelopes. Forceps can remove up to eight envelopes at one time, using routine aseptic technique. The suture nurse cuts through the tops of both envelopes with one snip of the scissors and readily grasps the gut coil by its label. Unused envelopes may be returned to Surgilar jar solution with sterile forceps after the removal of the protective outer envelope. The outer envelope protects the cleanliness of the plastic envelope and eliminates

washing. The Surgilar solution will restore the sterility of the exterior of the plastic envelope in two hours.

Surgilar Sterile Pack, hospital-tested by Davis & Geck and designed for improved patient care, in addition to eliminating glass tubes and delivering a loose coil of strong, flexible gut free from kinks, also cuts preparation time by one-third, decreases suture stocks and saves over 50 per cent storage space.

Davis & Geck, Inc.
Danbury, Conn.

Subminiature Door Interlock Switch

MICRO SWITCH, a division of Minneapolis-Honeywell Regulator Company, has announced a new subminiature door interlock switch, for use on radio, radar, x-ray and other hazardous high-frequency equipment cabinets.

The tiny switch (designated 7 ACI-T) is designed to cut off power automatically when a service door is opened. By pulling a rod actuator to the maintained contact position, it is possible to check circuits with the power on. The rod automatically returns to normal position when a door is closed. This eliminates the dangers of "tying down" conventional switches.

The basic switching element has fine silver contacts and a precision snap-action spring that provides long mechanical and electrical life. The contact arrangement is single-pole double-throw.

The total travel in either direction of the actuator plunger is approximately $\frac{5}{32}$ ". The over-all size of the assembly is $1\frac{13}{32}$ " x $2\frac{3}{64}$ " x $1\frac{1}{8}$ ". The electrical rating is: 5 amperes—125 or 250 volts a.c.; 30 volts d.c. (inductive or resistive) sea level—3 amperes, 50,000 ft.—2.5 amperes; maximum inrush—15 amperes.

Micro Switch
Freeport, Ill.

Foley Catheters Wall Chart

AN EDUCATIONAL WALL CHART on the use of Foley catheters is now being distributed by C. R. Bard, Inc. In full color, it shows an anatomical view of the urologic system and sagittal sections of the male and female with a Foley catheter in place. One of the drawings is by Paul Peck and two of the drawings are by Frank Netter, M.D.

The lower half of one side of the chart shows each step in the insertion

A New NIGHTINGALE Economy-Styled Lamp

Handsomely styled in Nightingale Tan baked enamel . . . custom finishing in solid or two tone color combinations, available in lots of 24 or more.

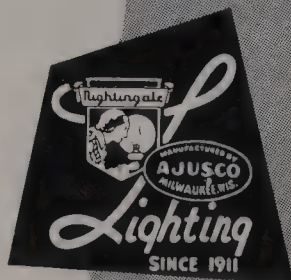
Lamp is full 55" high . . . 12" ventilated reflector rotates 360 degrees around stationary socket.

Contemporary styling and 12", 12 pound base for stability, makes this low cost Nightingale floor lamp a useful and attractive addition to offices and hospital rooms.

Bulb shield for inside of reflector available at slight additional cost.

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Model
No. 407



Adjustable Fixture Co.

102-106 E. Mason St.

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of a Foley catheter. It also shows the equipment commonly required for catheterization of a bed patient, and there are diagrams showing set-ups for continuous bladder irrigation. One illustration explains the use of the Foley hemostatic catheter.

On the reverse side of the chart is shown important urological equipment. In addition there are listed the accessories that are used in connection with these instruments.

The chart measures 23" x 33" and is bound with metal strips at top and bottom with hangers so that the chart can be hung on the wall.

A chart is being mailed to the directress of nurses' training of all nurses' training schools in the country. Charts are also available from the Bard representatives.

C. R. Bard, Inc.
Morris & Webster Avenue
Summit, N.J.

Dual Purpose Unit Offered by Hyland

PRE-MED (prepared medium), a compact unit combining the advantages of a "ready to streak" blood agar culture medium with the time-saving features of a disposable petri dish, has been announced by Hyland Laboratories.

Each Pre-Med unit consists of a covered, optically clear, scratch-free plastic petri dish containing an agar of 10 per cent defibrinated sheep blood in a beef heart infusion base. The plates are ready for immediate use. Each is packaged in a sterile polyethylene bag in which the streaked plate may be resealed if prolonged incubation is desired.

The new disposable unit does away with the time-consuming steps involved in obtaining suitable blood, mixing and pouring the medium, and soaking, scraping, de-scaling, washing, rinsing and autoclaving glass petri dishes.

For those preferring blood agar slants, the same culture medium is also available in screw-cap tubes. Further information may be obtained by writing the company.

Hyland Laboratories
4501 Colorado Blvd.
Los Angeles 39, Calif.

Hospital Catalog by Angelica

A STORK DELIVERING ANIMATED UNIFORMS and a heading "We've just had 31 new additions to our family," is the way Angelica Uniform Company announced a new Hospital Catalog

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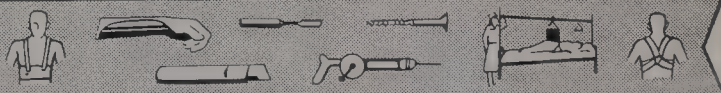
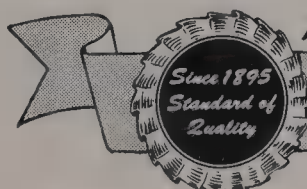
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Constructed of octagonal aluminum alloy tubing, which eliminates slipping, while affording light weight and great strength. The complete set weighs just 18 lbs. One nurse can easily and quickly assemble and attach the set to any metal or wood crib. Fastening and adjustment are speeded by the use of exclusive DePuy lever-lock clamps. The set is designed to take all types of traction for infants and children (illustrated in use for Bryant's traction). All parts are interchangeable. No. 660, \$50.00 complete.



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Supplement. The Supplement illustrates and describes 18 of the 31 new styles which have been added to the Angelica line in recent months. A Style Guide lists those styles which are offered as replacements for discontinued designs, together with the old style number and the improvements or changes incorporated in the replacements.

Copies of the Supplement and Style Guide are available on request by writing the nearest Regional Sales Office: 1427 Olive St., St. Louis, Mo.; 107 W. 48th St., New York, N.Y.; 177 N. Michigan Ave., Chicago, Ill.; 110 W. 11th St., Los Angeles, Calif.

Angelica Uniform Company
St. Louis, Mo.

Sucaryl Weight-Watch
by Abbott Laboratories

A NEW TRAFFIC BUILDER exclusively for the pharmacy is the Sucaryl Weight-Watch introduced by Abbott.

The Weight-Watch is a handsomely-fashioned watch-size pocket or purse accessory that helps the dieter keep track of his calories. A wallet-size table of caloric values accompanies each Weight-Watch. From meal to meal, the dieter simply adds his calories by moving the hands on the face of the Weight-Watch. At the day's end, he has an accurate calorie tally.

The back of the Weight-Watch snaps open to provide an air-tight, dust-proof carrying case for Sucaryl tablets.

To get the Weight-Watch, the consumer buys a package of Sucaryl at the pharmacy; the druggist signs a coupon as proof of purchase. Then the consumer sends the coupon and \$1.00 to Abbott Laboratories.

Abbott Laboratories
14th Street & Sheridan Road
North Chicago, Ill.

Band-Aid Butterfly Closures
by Johnson & Johnson

BAND-AID BUTTERFLY CLOSURES, a new sterile, waterproof wound closure produced by Johnson & Johnson, is now available for hospital use and doctors' offices.

Designed as a great time saver, the new ready-made Butterfly Closure eliminates the old time-consuming procedure of hand cutting and folding or "flaming" the tape. A non-adhering center section prevents sticking to the wound, while the Super Stick adhesive firmly holds wound edges together. ★

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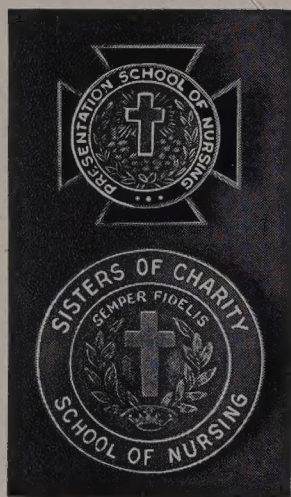
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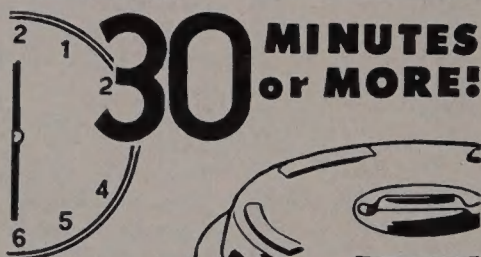
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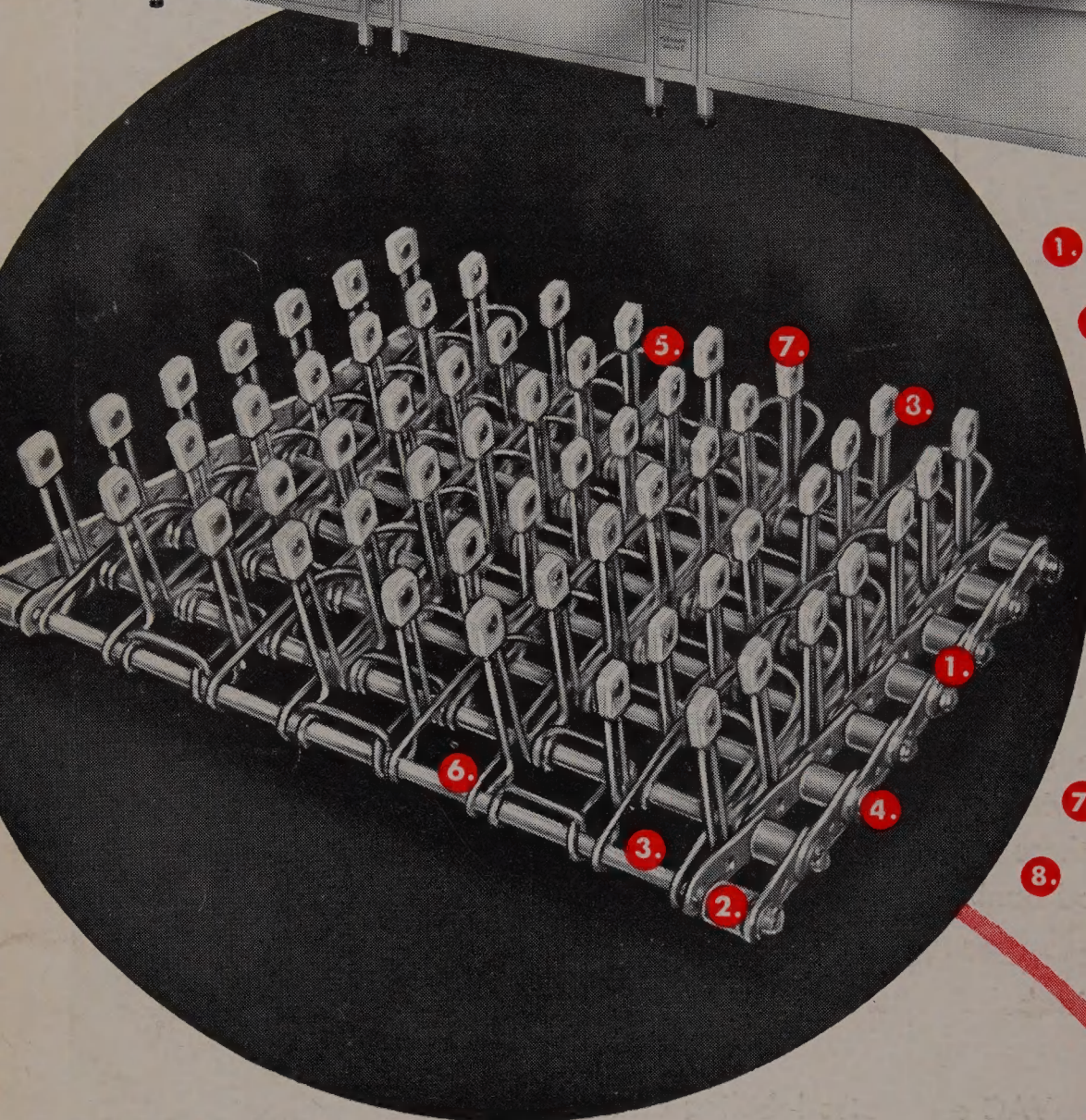
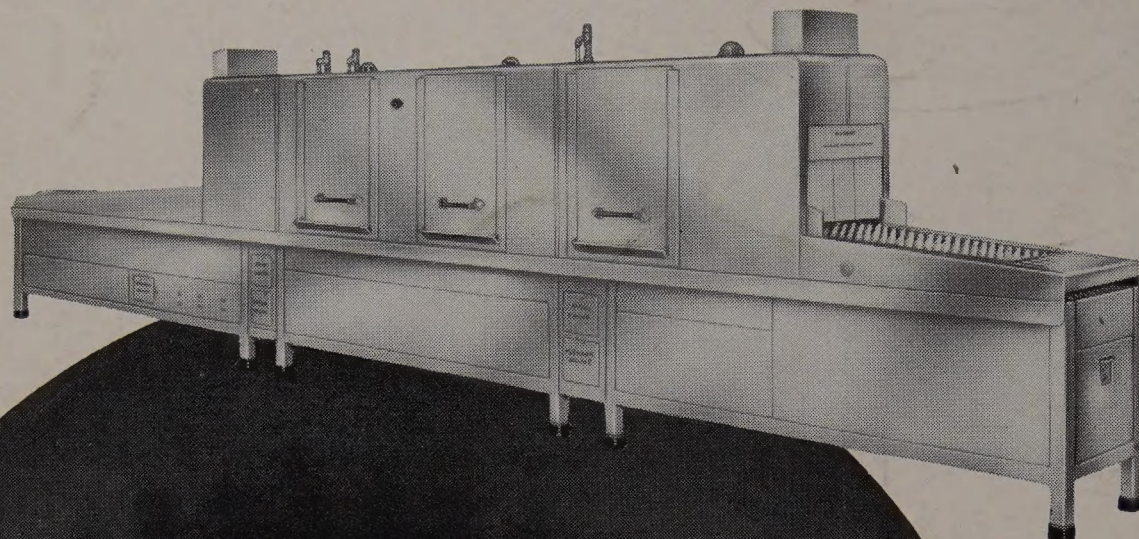
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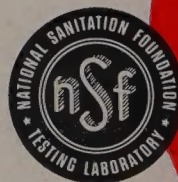
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